CALGARY'S HEALTH & WELLNESS MAGAZINE

JULY/AUG 2004

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SPECIAL REPORT: SUMMER SAFETY

Buckle up

Adrienne Teare survived a collision with a drunk driver by wearing her seatbelt

Collision carnage

There were 48 fatalities on Calgary's roadways last year – that's no accident

Also:

Bikers, boarders and broken bones

Learning where to draw the 'stupid line'

Fatal attraction

A fondness for sun has sent skin cancer rates soaring

Adrienne Teare

PLUS:

Michelle Schurman's new health column
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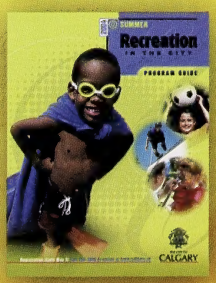
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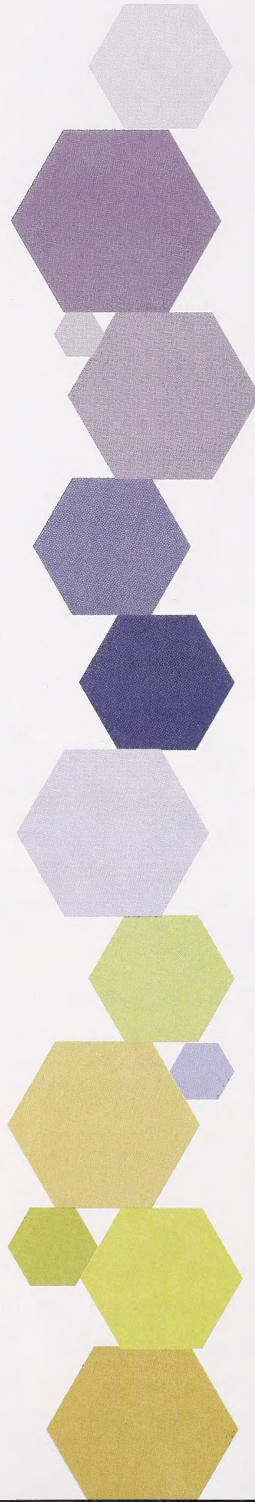
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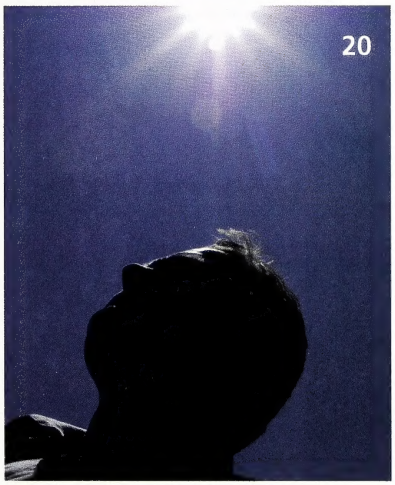
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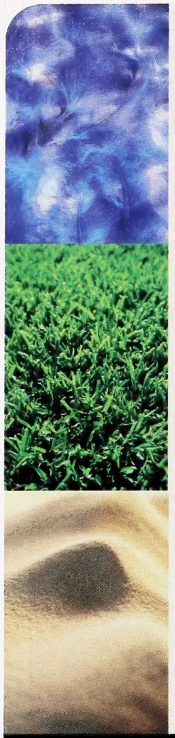
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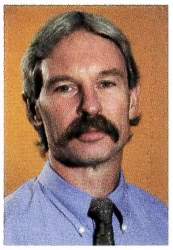
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A LETTER FROM
THE CALGARY HEALTH REGION:
DR. RICHARD MUSTO



Enough is enough

The summer issue of *Apple* features several articles on injury, all of which emphasize that injuries are predictable, largely preventable and altogether too frequent. Each one provides a litany of disturbing data – high numbers, consistent patterns and contributing factors – as well as simple, practical solutions. The issue is timely, coming as it does one month into the summer season (have you noticed all the news items on people injured on the highways or running their ATVs into trees?). It was also preceded by the release May 24 of the Canadian Adverse Events Study on patient safety, which suggests many errors in Canadian hospitals can be prevented. So what's missing? It is the outrage that each of us as individuals, and as part of a community, ought to be feeling and, more importantly, acting upon.

In Alberta we value individualism, and appropriately so – each person contributing on a daily basis in one's own way provides the foundation for the prosperity we enjoy as a community, and from which extraordinary lives and acts are launched. But there are also limits to autonomy, both in terms of our responsibility to act reasonably and by virtue of our dependence upon each other. (Rob Walker's story about Adrienne Teare on Page 14 illustrates these points in spades.) The articles present a risk management approach to injury prevention which is respectful of the principle of autonomy, and makes sense – life demands successful risk management every day. But notice that each of us, every day, makes statements about the amount of risk we accept as tolerable. When we buckle up in the car, wear safety glasses when using power tools, designate a non-drinking driver, keep sidewalks ice-free and identify unsafe practices at work, we are reducing our own risk and defining expectations of others. On the other hand, when we disable safety features of equipment, complain about photo radar or red light cameras as cash grabs, put bicycle helmets on our children but not ourselves, or turn a blind eye to youths fighting outside downtown bars, we are defining a high tolerance of risk and creating an environment where the injury problem is perpetuated.

We can, and must, act. Indeed, to do otherwise would be un-Calgarian. We are already the first major Canadian city to be designated by the World Health Organization as a Safe City. However, this recognition came not because we had an acceptably low injury rate, but rather because of the co-ordinated efforts by many diverse partners, including the City of Calgary, the Calgary Health Region, corporate Calgary and the volunteer sector. We can do more, much more.

We can educate ourselves and others about safe practices at home, at play and at work, and, more importantly, make these practices our own. We can demand of our community and corporate leaders that engineering in consumer products, urban design and the workplace consistently meet high safety standards. Finally, we can elect politicians who will accept the responsibility to enact thoughtful and practical legislation, and, when necessary, support its enforcement. With elections upcoming in all three levels of government, we have a wonderful opportunity to make community safety an issue of importance and to create an agenda for action.

I hope you enjoy this issue of *Apple* magazine. In particular, I hope you read the articles on injury carefully. Because if you do, you will be left feeling "enough is enough." It is time to create a safe and healthy community now.

Dr. Richard Musto is Executive Medical Director responsible for health promotion and wellness, Calgary Health Region.

Letters to the Editor

Dental dilemma

I enjoy reading *Apple* and find it to be an informative publication on the health issues that concern most people.

The excellent article in the March/April edition on the importance of practising good dental hygiene and taking care of one's teeth stressed again the importance of recognizing that often overlooked part of our overall health care.

Having said this, there also needs to be recognition of one of the reasons this does not always happen, especially in the case of those of us who are living on a low or fixed income and simply cannot afford to have this necessary work done.

When my dentist told me that it was going to cost me $6,500 to repair my bridge, which is comprised of two false teeth supported by two capped teeth, I was shocked, to say the least. My dental plan may not cover any of this work. It raises some questions in my mind. Can I seek a second opinion? Will my current dentist permit me to take my X-rays with me if I do? Is there a governing body I can contact to determine if his fees are reasonable?

A trip to the dentist can also be a 'trip to the poorhouse' for those of us who are in the unfortunate position of having poor teeth despite good maintenance and frequent dental visits. In my case, sometimes I think my father was right. They should have pulled them all out when I was 16. I'd have saved enough money to pay off the mortgage years ago.

Adrienne Gnam,
Calgary

Middle-aged moms

As a 43-year-old mother of three small children, ages seven, five and three, I looked forward to reading the article on middle-aged moms in the March/April issue of *Apple*. Unfortunately, I was a bit disappointed by the negative focus the article took.

There is a suggestion in the story that some older moms "are making plans as if they're shopping for a mortgage." I find that somewhat distasteful.

My choice to have children later in life was a matter of circumstances. It had nothing to do with trying to establish a career or financial matters.

Having my first child at 35 was wonderful in every way, even though he was delivered by caesarean. My recovery was a breeze and I've been told that it is more than likely due to my state of mind and willingness to "get moving."

My second child, at almost 38, was just as pleasant. Two minutes after his beautiful vaginal birth, I looked at my family doctor and said, "I'd do that again in a heart beat." In fact, I did do it again 18 months later, when I was 39. Due to a car accident, my baby was delivered by caesarean again. Four hours after the surgery, I was walking around as if nothing had happened, yet the 23-year-old mother who delivered by C-section two hours after me was struggling with a walker four days later.

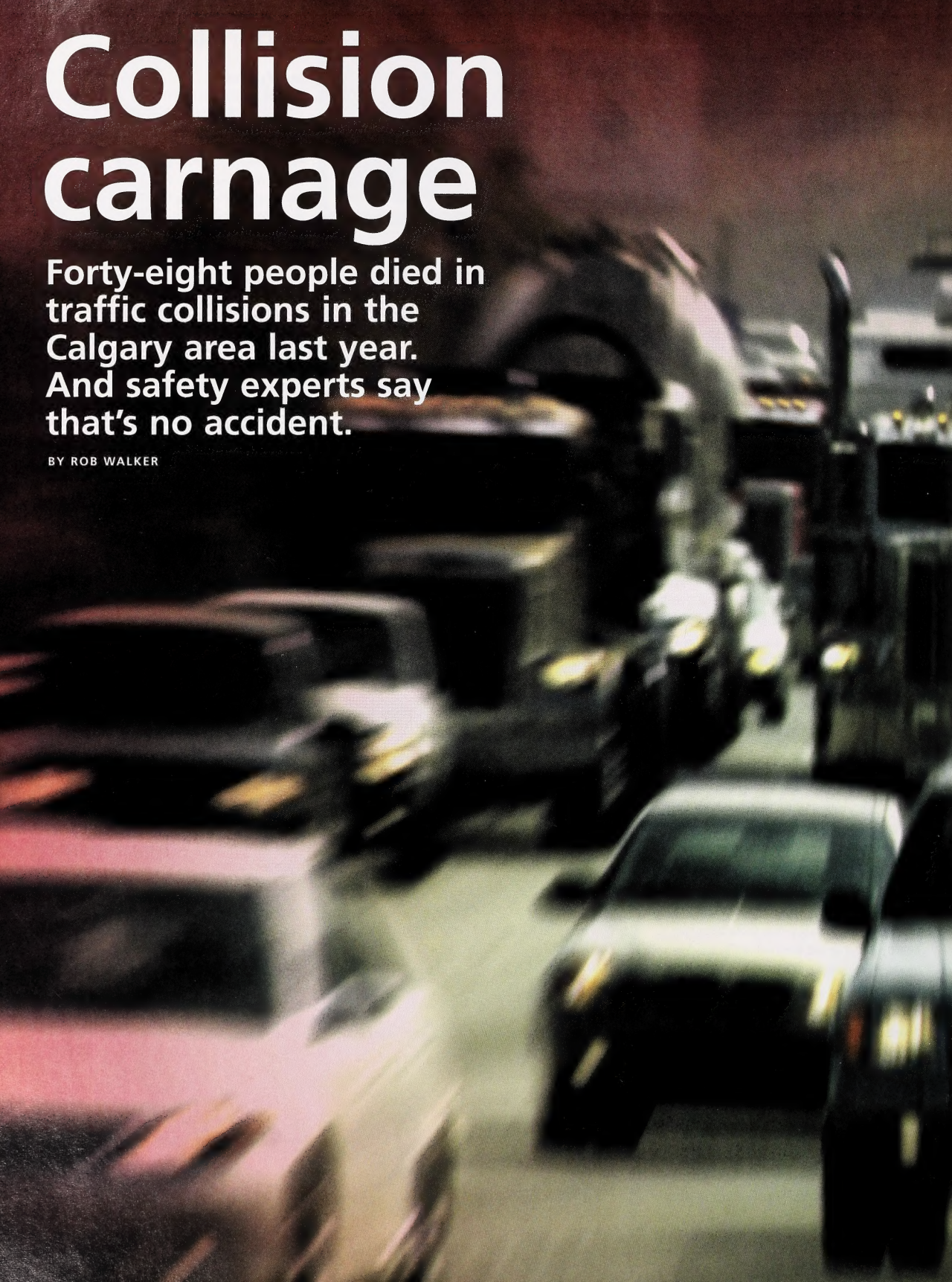
Being an "older" mom generally also means being a more mature mom. At my age, I am far less self-centered, which absolutely makes me a better mom. My children's needs come first. True, there are risks. But in my opinion, these risks are well worth it. Being older and wiser increased my ability to be informed and make decisions based on that.

Ali MacGregor,
Calgary

Collision carnage

Forty-eight people died in traffic collisions in the Calgary area last year. And safety experts say that's no accident.

BY ROB WALKER



To the hundreds of drivers winding like a column of soldier ants down Deerfoot Trail one Sunday last April, the closed exit ramp to Peigan Trail and the long line of cars sent a clear signal that something had gone horribly wrong.

News reports over the next 24 hours confirmed their suspicions: A tractor trailer collided with a car on Deerfoot Trail, killing a man and his young son on their way to a family baptism. On Easter Sunday.

Months and years after the blood is dry and the shards of glass and twisted metal have been swept off the highway, those left behind will ask the question: Why did this unexpected collision happen, tearing apart their world and its joyful expectations?

For many others, however, the story of what happened that Sunday morning will fade. A sad story, yes. A tragic story, certainly. But ultimately one that safety experts say many people are too quick to accept as "an accident – the kind of thing that just happens" in a major city with a population pushing one million people.

Police officers such as Staff Sgt. Carl DeSantis and Const. Hugh Stirling understand the problem well, as do Nancy Staniland and Carol Beringer, injury prevention specialists with the Calgary Health Region. They see traffic fatalities as a silent epidemic. Deaths from collisions tend not to generate the kind of public attention or demands for action that other deaths do.

"There is a kind of acceptance around the idea of injuries, a sense that traffic-related injuries inevitably happen, that there's nothing anyone can do to prevent them," says Staniland, Manager, Injury Prevention and Control Services, Calgary Health Region. "That's unfortunate because it is simply not true. There are many effective ways to prevent the majority of these injuries," she says. "If five people died in one week in Calgary from meningitis, West Nile virus or SARS, the public would demand that this killer be stopped," Staniland says.

The numbers are telling. Last year there were more than 6,000 transportation related emergency room visits in Calgary. Not unexpectedly, at greatest risk for traffic deaths and serious injuries are males aged 16 to 24. "Vehicle collisions pose one of the highest health risks to individuals, especially adults under 44," says Beringer, with Injury Preventon and Control Services, Calgary Health Region.

Another aspect of traffic collisions are the costs to the health-care system. In Calgary alone these costs are estimated at $19.5 million a year, says Beringer. Direct health-care costs from vehicle collisions for the province are estimated to be $115 million per year. Disability-related direct costs from crashes, including lost productivity and health-care costs, amount to $104 million per year. The Alberta Motor Association estimates that overall costs from motor vehicle collisions in Alberta exceed $400 million per year.

Staniland and other experts argue that most vehicle deaths and injuries could be prevented if drivers took the responsibility of driving more seriously. "Successful injury prevention is also supported by laws, enforcement and environments that promote safety," she adds.

Part of constructing that environment includes addressing the mind-set of the general population. For starters, Stirling suggests not using the word "accident" to describe a collision because it ignores the reality that someone is always responsible, that safer choices could have been made to avoid the collision. Adds Beringer: "People believe that these events are accidents or acts of fate. However, we have to stop blaming fate and take the proper precautions to save both lives and money."

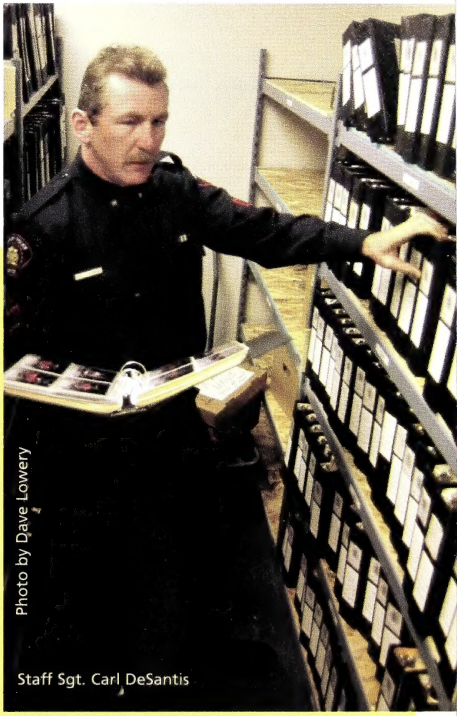


Photo by Dave Lowery

Staff Sgt. Carl DeSantis

Crunching the numbers

An average of 400 people are killed and 26,000 seriously injured on Alberta roadways every year, according to statistics compiled by Mission Possible, a traffic safety initiative sponsored by the Alberta Motor Association. Motor vehicle collisions are the leading cause of unintentional death and injury for Albertans under 30. Driver error is a principal cause in almost 90 per cent of all collisions. Nine out of 10 collisions could be prevented by changing driver behaviour. Here is a breakdown of roadway collisions in Calgary as compiled by the Calgary Police Service:

Motor Vehicle Collisions

All Collisions	2003
Number of Fatalities	48
Fatal Collisions	41
Parking Lot Fatal Collisions *	(1)
Non-Fatal Injury Collisions	3,601
Parking Lot Non-Fatal Injury Collisions*	(161)
Total Reportable Non-Fatal Injury Collisions	3,440
Property Damage Collisions	32,834
Parking Lot Property Damage Collisions	(6,450)
*(Not Included in the total)	
Total Reportable Property Damage Collisions	26,384
Total Reportable Collisions**	**29,864**

*Not Included in Total Reportable Collisions**

Collisions Involving Alcohol	2003
Fatal Collisions	18
Non-Fatal Injury Collisions	122
Major	41
Minor	81
Property Damage Collisions	292
Total Collisions Involving Alcohol	**432**

Traffic Collision Rates

(Per 100,000 Population)	2003
Fatal Collisions	4.3
Persons Killed	5.2
Non-Fatal Injury Collisions	373.0
Persons Injured	513.8
Property Damage Collisions	2,860.6
Total Parking Lot Collisions	716.9
Total Reportable Collisions Rate**	3,237.9

*(Total rate does not include Private Property Collisions)

**Reportable collisions are collisions with more than $1,000 combined damage that occur on public roadways.

"If five people died in one week in Calgary from meningitis, West Nile virus or SARS, the public would demand that this killer be stopped."

Another way of putting "accidents" into proper perspective is to understand the root causes and circumstances surrounding collisions, a process that involves the Calgary Police Service and its role as primary investigator of traffic collisions.

The Calgary Police Service's Traffic Section has 61 constables, nine sergeants, a staff sergeant, an inspector, traffic analyst and 19 special constables. Investigating crashes is a major part of the Traffic Section's work, in large measure to determine who is responsible and whether criminal charges are warranted. But prevention through education, increasing awareness and influencing traffic engineering decisions is also important. Traffic officers spend a lot of time in schools and other public places spreading the word about avoiding collisions.

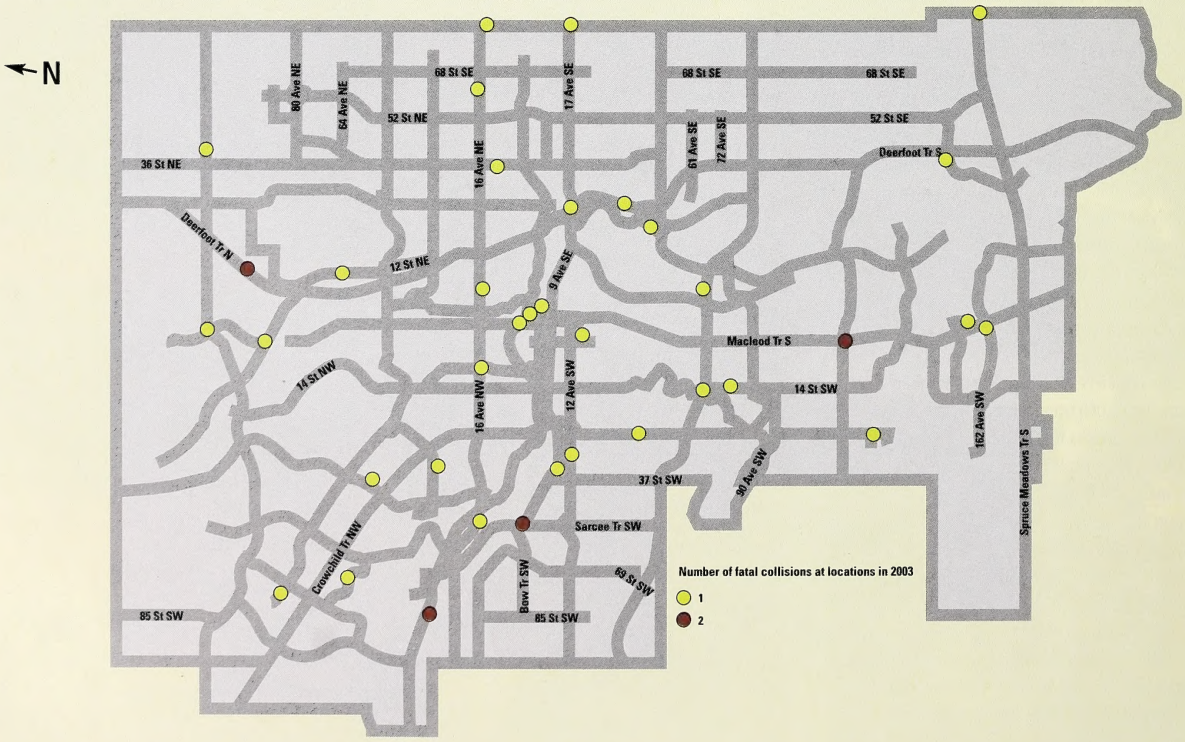
But before they can explain how collisions can be avoided, they have to know why they happen. For DeSantis and his crew, a collision investigation represents months of research, creating a binder of minute details, sometimes two volumes and four inches thick. Collision investigators, reconstruction specialists, surveyors, photographers, intoxilyzer operators, dangerous goods inspectors, mechanics and air brake endorsement specialists are all part of the team. They arrive 24/7 with a collision reconstruction vehicle, which stores necessary equipment such as a weather station. The vehicle acts as a mobile office for DeSantis and his staff. A computer linked to city hall files enables police officers to print out maps for them to work on. Numbered tent-shaped markers are placed by every relevant piece of evidence which is then photographed and recorded. Every piece of the puzzle, from a scrap of paint to a skid mark on the black top, is included. "We could come back two years later and completely reconstruct the scene of the collision from our detailed records," says DeSantis.

Expert investigators refine the causes into a wide range of pre-trip events and trip events. Pre-trip events include driving experience, general health conditions, emotional upset and fatigue. During the trip itself, causes can include fatigue, illness, depression and the consumption of alcohol or drugs. Investigators break down the events immediately preceding a collision into a list of 16 factors that need to be considered, including such things as per-


Const. Hugh Stirling

Fatal collision areas 2003

The map below provides locations for fatal collisions in 2003. Although major thoroughfares, such as Deerfoot or Macleod Trails, may record more collisions than some other streets, police officials say they should not necessarily be considered more dangerous because they also handle higher traffic volumes. Police say that in fact collision sites are spread out fairly evenly across the city.



ception delay and point of no escape. Perception delay is the point when a normal person could perceive a hazard. The point of no escape is the place and time when the sheer laws of physics behind a vehicle's speed and direction mean no action could be taken to avoid the collision. This can be affected by factors such as the weather and the cargo being carried.

What is the accumulated knowledge from years of reviewing collisions? According to a report from Alberta Transportation, driver error is the cause of approximately 89 per cent of all traffic collisions. Another 9.6 per cent of collisions involve excessive speed. About 20 per cent of drivers involved in fatal collisions in Alberta had consumed alcohol prior to the crash. In Calgary, 18 of the 48 traffic fatalities recorded in 2003 involved alcohol, confirming the drinking driver as a major source of grief on the roadways.

Other interesting statistical facts include:

- Most collisions in a given week – about 24 per cent – occur on a Sunday. The next busiest day is Saturday with 17 per cent of the total. Tuesdays and Fridays have the least collisions at 10 per cent each.
- By time of day, the highest percentage of collisions – 18 per cent – occurs between 4 and 6 p.m. About 12 per cent of collisions occur between 2 and 4 p.m.
- Although major thoroughfares such as Macleod and Deerfoot Trails record a high number of collisions, they may not necessarily be the "most dangerous" roadways in Calgary. That's because the high volume of traffic moving along these roadways means that they actually have a much lower collision per capita rating. In fact, police traffic analyst Jennifer Buhay notes that an incident map shows that collisions are fairly spread out across the city.
- While it may seem that winter would be a particularly dangerous time of year for motorists, there are actually more fatalities during the summer months. In fact, safety experts call summer, particularly the long weekends, the deadliest time of year on our streets and highways.

Although mechanical failure rates very low as a percentage of total collisions (Alberta Transportation notes that less than one per cent of vehicles involved in casualty collisions had a vehicle defect), they can be a source of trouble. Dave Sharek, the Traffic Section's mechanical inspector, says the biggest cause of mechanical failure leading to crashes is poor tires, followed by problem steering, failed brakes and faulty suspension. Sharek investigates about 160 serious collisions a year and has found vehicles that have problems with every operating system. When one or more components of an operating system fail and the owner does nothing to repair the problem, Sharek says it creates a domino effect that, with neglect, will contribute to loss of control and result in a collision. "These are not professional drivers operating cars on a track designed for racing."

But while the statistics offer interesting insights into the causes and circumstances surrounding collisions, they cannot replace a veteran police officer's assessment. For DeSantis, years of turning out to collision scenes, countless investigations, and too many visits to the homes of loved ones have persuaded him that the main thing that needs to be addressed to reduce the number of fatalities is the attitude of the average motorist. All of those people lining up on Deerfoot Trail that Easter Sunday certainly understood the tragedy of what had happened. But DeSantis says they also have an unconscious belief they are invincible. Whether motorist or pedestrian, they believe, "It won't happen to me. It will happen to the other guy. Guess what? You are the other guy."

Rob Walker, owner of the Yoga Studio South, writes about health issues.

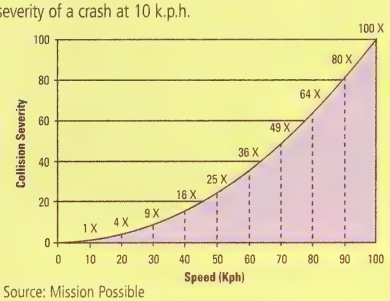
Speed kills

Speeding is dangerous behaviour. The faster you go, the longer it takes to stop. Your vehicle's responsiveness and stability are reduced. Brakes, tires, steering and suspension are less effective. And in a crash, violence of the impact is dramatically increased.

Here's what speeding does:

- Reduces your ability to steer around obstacles
- Decreases your field of vision and peripheral vision
- Extends the distance required to stop in an emergency
- Increases your chances of losing control of your vehicle
- Reduces effectiveness of occupant restraint systems
- Increases probability of death or serious injury in a crash
- Reduces effectiveness of road crash protection devices (i.e. guard rails)
- Does not save or make time

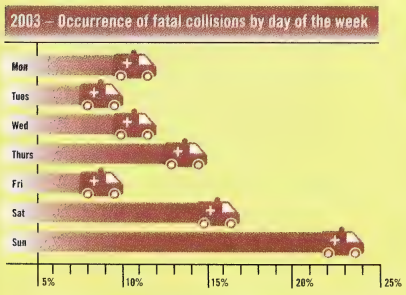
Injury severity rises exponentially with speed. For example, the injury severity of a crash at 60 k.p.h. is 36 times that of the severity of a crash at 10 k.p.h.

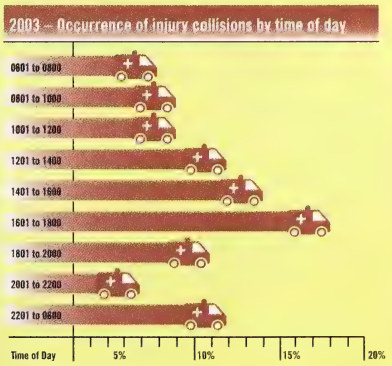


Source: Mission Possible

A typical collision?

Collisions are complicated events that can happen at any time and any place. And although safety experts are reluctant to characterize a collision as "typical," there are some interesting trends, as illustrated by the bar charts provided by the Calgary Police Service.





The deadliest time of year:
Winter conditions may make for difficult driving, but safety experts say summer is the deadliest time of year on Alberta's roadways, a point that is underscored by the 127 fatalities reported between May 1 and Aug. 31, 2002.

More road safety information:
www.saferoads.ca
www.missionpossible.ca
www.calgaryhealthregion.ca/injuryprevention



Photo by Brent Mykytyshyn

Broken heart

A mother struggles to overcome the loss of her child

BY LYNN BYRGESEN



Twenty-four-year-old Shari Byrgesen was killed in a collision last September. In this issue of Apple, her mother Lynn reflects on the tragedy. Her hope is that this story will make a difference - one more pointless death will be avoided.

On opening our front door to two police officers that September morning, I felt horror envelop me. My heart constricted; the pain was agonizing. The hollow look in their eyes gave it away. Our son Chad was home. Our daughter Shari was not.

A vision flashed by of our golden angel with the gentle soul, deep blue eyes, engaging smile and caring heart. A few hours earlier we were speaking over the phone. She was really enjoying the evening with her friends and would be home in a bit. She had gone home – just not to ours – at the age of 24.

The words were so horrific, too vivid to forget. Our precious daughter had been killed in a single vehicle collision. Three young adults were injured. Our lives changed forever with those words. Months later that engulfing monster, grief, is still as intense. We miss her so.

Bert and I continue to reflect on the conflicting emotions as we accepted, challenged, reached out, suffered. Our desperate desire to go to our daughter. The frustration felt when told it was not advisable. The unanswered question: Why not me? I have lived. Shari had so much music left to dance to. Going to the hospital, desperately wanting to ask questions of those with whom she shared her last hours. Was it preventable? What caused the collision? But the time just wasn't right. Then it hit us. Would you bring some of her clothing and personal items to the funeral home? Where would you like Shari's final resting place to be? Do you have a CD of her favourite songs? We have to have sunflowers, lots of them.

Our tears flowed long before we turned off the car's ignition at the east off ramp at Macleod Trail and Anderson Road. Staggering by the tire marks, gouges in the ground, shards of broken glass, fragments of paint flakes and the towering new pole, we prayed Shari's last moments were not filled with terror. Her death had already left us devastated. We searched in vain to find her heart pendant. Unable to, I wanted to give her another symbol of the love we as a family shared. My husband and son were hesitant as the collision site was a horrific reminder of where she died. For me, it was also the place where the angels took her. Four loads of loam, landscaping blocks and many tears later, we had a puffed heart to encase her wooden cross, flowers, stuffed animals and cards. Hopefully as people drive by they will slow down and take notice.

At our first encounter with the police in our pursuit for answers to Shari's death, the unthinkable was suggested: grief counselling. We had our network of family, friends and co-workers. But as the shock wore off, the intensity of our sorrow and grief left us emotionally exhausted, depressed and withdrawn. Our health declined. Our relationship of 29 years was strained as we struggled to comprehend that what comforts one may not comfort the other; that one partner may be more inquisitive than the other; that our waves of grief would not necessarily coincide.

It is not easy to reveal your innermost feelings to a stranger, to feel in control one moment yet floundering the next, to feel more drained at the end of a counselling session than at the start, to believe you are improving and not regressing. As we strive to move from mere existence to living, we have become active participants in a trying and complex journey. Shari would have wanted nothing less from us. We are learning to accept the different paths we each need to take, that crying is acceptable, that a hug can help more than words and sometimes is even safer. A piece of our heart died that morning with Shari and when the grieving is unbear-

able, we know it is because we loved her unconditionally.

We taught our son and daughter to see things through to the end, even if they may not want to. So, we continue to face each new day with our hearts broken, our dreams for our daughter shattered, our hopes for our son unwavering.

Our daughter, Shari Kirsten Byrgesen, would have been 25 this year. Her life was enriched with many beautiful friendships, music, Japanese symbols, travel adventures, a love for sunflowers and panda bears, but most of all living. She was studying to be a certified ophthalmic technician while working full-time as an ophthalmic assistant and part-time as a member services representative. She had awesome plans. To that end, and to embrace her memory, we have committed ourselves to undertaking 25 initiatives with her loves at the heart of each.

We appreciate those who have comforted and listened to us. The unwavering compassion and support of the police officers, from the moment they arrived on our doorstep to the countless times we have since been on theirs, has not gone unnoticed. Our grief engulfs every aspect of our lives. We miss Shari's laugh, her giggle, her hugs, her phone calls, the times she would sit on the edge of our bed sharing her experiences, her plans and goals. We struggle when selecting silk flowers and wind chimes for the cemetery, when tending to her heart at the collision site, when attending her friends' weddings and holding their babies. We should be shopping with Shari, helping with her tuition, toiling in her home's garden, celebrating her wedding and cuddling our grandchildren.

There is not a cross heavy enough to bear our loss. Perhaps if different decisions were made that September night, our precious daughter would still be with us.

With sunflower in hand and the wind whistling through the wind chimes, we stand slowly, caressing the lettering on Shari's plaque at the cemetery, recalling the precious gifts she so lovingly bestowed on all whom she loved. Shari, may we be fortunate enough to see the light in others that you unwaveringly encouraged to shine even brighter.

Loved you yesterday,
Love you still,
Always have,
Always will.
Forever in our hearts,
Love Mom, Dad & Chad



Photo by Paul Rockinger

Sgt. Norm Doerksen

Officer draws on faith to help deliver bad news

BY ROB WALKER

When Sgt. Norm Doerksen knocks on your door at 2 a.m., chances are strong it's bad news – a devastating revelation that will shatter your world in a heartbeat.

Doerksen, a tall, spiritual man, is one of a number of police officers with the Calgary Police Service Traffic Section with the unenviable task of informing families that a loved one has been seriously injured or killed in a vehicle crash.

Although the 27-year veteran of the force could delegate this job, he chooses not to. The father of two young adult girls, he tries to imagine how he'd prefer to hear the worst of all possible news. "I'd want to be told by somebody with empathy and professionalism," he says. "You can't rush off after breaking the news. Some people want to be held. Some don't want to hear the news. Everyone is different."

No matter how difficult a notification call, Doerksen never delays the task, lest the family find out their loved one is dead through a media call, or are left wondering about the unidentified victim in a crash on their daughter's route home.

And when he is there, Doerksen stays with the family for half an hour to three hours, depending on their needs. Sometimes he calls a relative, a friend, a neighbour to come by for support. Even though the call may be in the middle of the night, people always rise to the occasion. He's never had a refusal yet.

He'll put the family in touch with victim assistance volunteers who can come by with further advice and support. "It is a tough job," he reflects. "It is emotionally draining. It knocks the stuffing out of you. But I care about the victims."

Sometimes he tells the victim his family will pray for them. As a father with two college-age daughters, last year was a tough one. On Jan. 1, he was involved in notifying relatives of a 20-year-old killed in a collision. Sept. 26 saw him telling a family about a 23-year-old girl killed in a crash. Four days later, two pedestrians, 22-and 20-years-old, were killed on his watch.

In the end, his faith in God helps carry him through after more than 50 notifications in his five years in the Traffic Section.

Buckle up

Adrienne Teare survived a collision with a drunk driver because she was wearing a seatbelt. The driver of the other car wasn't so lucky.

BY ROB WALKER



Photo by Maja Swannie

Adrienne Teare and her friend Charlotte laughed last February as Adrienne, then 18, left for home late that winter night.

"Drive safely," Charlotte said. The joke was that everyone knew how careful and safety conscious Adrienne was. She was the one usually dishing out advice on responsible driving. "I was on the cautious side, made sure friends didn't drink and drive, watched out for friends at parties. It couldn't happen to me," she says.

But when she looks back she does remember being a little apprehensive. Was it a premonition? Or is she simply now reading more into the past than was there? What could possibly go wrong if you are alert and driving defensively?

Less than five minutes after Teare left for home, the impossible – or at least, the highly improbable – did happen. A 1992 Thunderbird driving the wrong way on Deerfoot Trail hit Adrienne's 1995 Ford Contour head-on at a combined speed of more than 200 k.p.h.

There was no way she could have avoided it. The car in front of her swerved out of the way, suddenly revealing an oncoming car's headlights heading straight for her, too close to avoid. She swerved to the left. He swerved the same way. The other driver, a 31-year-old man, was three times over the legal alcohol limit, wasn't wearing a seatbelt and was killed instantly.

Teare, meanwhile, was wearing her seatbelt and miraculously suffered nothing more than a badly broken leg and superficial burns to her face from the air bag. She had 13 stitches in her knee, the tibula was broken and the fibula shattered. She now has a metal plate, stabilizer bar and eight screws in her leg. She goes to physiotherapy three times a week and hopes to make a near total recovery. "I used to play in competitive sports. I might not be able to do that now, but I will have full walking ability," she says.

Teare's experience may be near miraculous. But evidence strongly supports wearing a seatbelt as one of the most effective things drivers or passengers can do to protect themselves on the road, says Carol Beringer, Injury Prevention Specialist, Calgary Health Region.

The injury rate in collisions is 47 per cent for those not wearing a seatbelt. But for those buckled in, the risk drops to 15.6 per cent. Air bags increase the safety level by a further five per cent, Beringer explains, adding they are only considered as an adjunct to seatbelts, not a substitute. Even if your vehicle is equipped with air bags, if you don't wear a seatbelt you may not be in the right position to benefit from the protection air bags provide. When activated, airbags reduce the forward movement of the upper torso and minimize impact, but these inflatable crash devices are designed to provide protection in front crashes, not side or rear collisions or rollovers.

A report out of the Alberta Centre for Injury Control and Research puts the statistics another way, showing that wearing a seatbelt and driving a car equipped with an air bag can together reduce the chance of injury from a motor vehicle collision by 61 per cent. "Child restraints, too, save lives and prevent injuries," says Beringer, adding that these and seatbelts are two of the most effective safety devices ever invented.

A major problem with not wearing a seatbelt is being thrown around the inside of a vehicle or being ejected. Seventy-five per cent of people ejected from a vehicle during a collision die, says Beringer, a point dramatically underscored by the death of National Hockey League player Dan Snyder in Atlanta last year. Unlike Teare, Snyder was not wearing a seatbelt and died of head injuries after he was thrown from a car that struck a brick fence.

No one wants to believe that they could be the next statistic in a motor vehicle collision. The number one excuse for not wearing a seatbelt is "it could never happen to me." However, 372 people were killed in motor vehicle collisions in Alberta in 2002, many of whom were unrestrained occupants thrown around inside the vehicle, or ejected from the vehicle altogether. An incredible 29,000 injuries were also racked up.

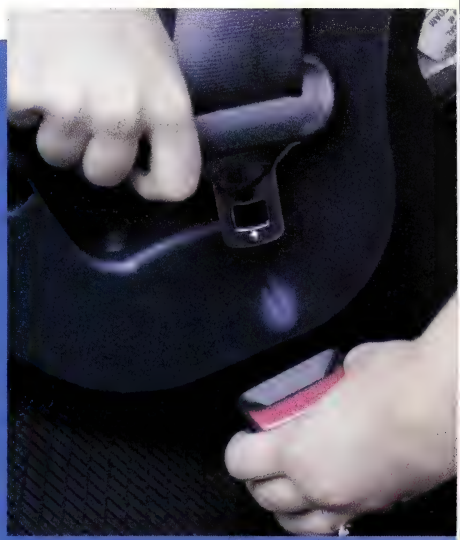
Seatbelts save lives

It can be the most important factor in reducing injury in a collision. Simply wearing a seatbelt can reduce the risk of fatal injury by as much as 45 per cent and the risk of moderate to critical injury by 50 per cent. Those numbers jump to 60 per cent and 65 per cent, respectively, for people riding in light trucks.

Here are some other factors to consider when deciding whether to wear a seatbelt:

- At 50 k.p.h., an unrestrained vehicle occupant weighing 80 kg (176 lbs.) will strike whatever it hits first with a force of 2,785 kg (6,215 lbs.). Seatbelts distribute that force evenly to the stronger parts of your body.
- 75 per cent of people ejected from their vehicles die. Vehicle interiors have an engineered life space designed to handle collisions and protect occupants. Seatbelts will keep you inside that engineered life space.
- A vehicle travelling 50 k.p.h comes to an abrupt stop in 1/100th of a second. Seatbelts offer the best protection against ejection. Airbags are a supplement, not a substitute. Seatbelts prevent people from being tossed around the inside of a vehicle during a crash. In-patient health-care costs are 50 per cent greater for unbelted crash victims than for those people who were smart enough to buckle up.
- In Alberta, only 76 per cent of rural drivers and passengers wear their seatbelts. That compares with 84 per cent of city drivers and passengers.
- Drivers are responsible for ensuring that children under the age of 16 years are properly buckled up.
- Seatbelt use has been mandatory in Alberta since 1989. You'll be fined $115 if you are caught in a moving vehicle without having your seatbelt done up.

Source - Alberta Occupant Restraint Program



Protect your children

Motor vehicle collisions are a leading cause of death and injury for children of all ages. Twenty children under the age of 15 were killed in Alberta traffic collisions in 2002. Another 1,828 were injured in transportation-related incidents.

Tips for your child's safety:

- A child weighing less than 18 kg (40 lbs.) must be properly secured in a child safety seat.
- A child weighing less than 9 kg (20 lbs.), as well as any child under the age of one, should be in a rear-facing child safety seat.
- A child weighing between 9 kg and 18 kg must be in a forward-facing child safety seat.
- All child safety seats need to be installed and used properly. Read and follow the instructions that come with your child's seat and your vehicle's owner's manual.

"What could possibly go wrong if you are alert and driving defensively?"

"Countless lives could be saved and many serious injuries prevented, if everyone would simply buckle up correctly when traveling in any vehicle, no matter how short the trip," Beringer says.

Choosing not to wear a safety belt could be hard on the pocketbook as well. If you're a driver or a passenger over 16 years of age, you'll be fined $115 for not wearing your seatbelt. If you're a driver with passengers under 16, you will be charged $115 for every unrestrained young passenger. If the fine were upped to $150 and three demerit points, Beringer believes it would significantly reduce the numbers neglecting to wear seatbelts.

Reflecting on the death of the driver who collided with Teare, and others like him, Beringer remarks that, after seatbelts, the second strongest advice for drivers is not to drink and drive. Alcohol-impairment is not unusual among serious traffic deaths. Of all drivers involved in fatal collisions, about one in five had consumed alcohol before the crash. "Sobriety is about being fully in control of your mind and vehicle when you're behind the wheel, with no impairment or distraction of any kind," says Nancy Staniland, Manager, Injury Prevention and Control Services, Calgary Health Region.

In Alberta, alcohol-related casualty crashes are most likely to occur during the summer months on the weekends, as well as during late night and early morning hours. Evidence shows alcohol is likely to make the collision much worse. As many as 20.7 per cent of drivers involved in fatal collisions had consumed alcohol prior to the crash, compared to 4.4 per cent of drivers in injury collisions.

Whether driving to work or going for a leisurely summer afternoon cruise, "Motorists need to recognize that driving is a complex task. Impairment, whether due to alcohol, drugs, fatigue, emotion or distraction, significantly increases the risk of a crash," says Beringer. "We must all buckle up, drive sober and reduce distractions, such as cellphones, as much as possible."

What kind of difference can these changes make? One study suggests that a campaign that stresses use of seatbelts, sobriety and using common sense on the roadways would result in 789 fewer hospitalizations, 1,500 fewer injuries treated outside a hospital setting and 180 fewer injuries leading to permanent disability. Savings to Albertans: $127 million.

Although Teare came away from her collision relatively unscathed, it has certainly given her cause to reflect. "I always thought it was so amazing that among a big group of friends from high school, no one had been in a collision. It is a little bit ironic the first person to have a collision is me." A cautious, careful driver before, she is now more nervous and has not driven since. "I'm too scared to try," she says.

From the perspective of Const. Hugh Stirling of Calgary's Traffic Section, Teare was extremely lucky. It was a classic case of "seatbelts save lives."

Her collision brought out the best in fellow drivers. Two off-duty police officers and a nurse stopped to help. Someone kicked in the front window and opened the back door to help Teare get out. She never met the anonymous heroes again but remembers them with gratitude.

What about the other driver? "I'm not really sure what I feel towards him because he could have taken my life. But he took his own life. That was the ultimate price."

Rob Walker, owner of the Yoga Studio South, writes about health issues.

Don't drink and drive

- Impaired driving is a criminal offense. It occurs when a person has a concentration of alcohol in their blood in excess of .08 grams in 100 milliliters of blood and operates any type of motor vehicle. Even if your blood alcohol level is below .08, you can be charged with impaired driving if your ability to drive is perceptibly impaired by either drugs or alcohol.
- It is impossible to state the number of drinks that will make a person intoxicated. This varies depending on individual body weight, chemistry, drinking history and whether the person has had something to eat. As a guideline, your blood alcohol level reaches about .08 per cent alcohol after three or four drinks. Six to eight drinks within a couple of hours raises the blood level to about .15 per cent alcohol. Staggering is noticeable, speech is thick and vision and hearing are impaired. There are no "cures" for intoxication. Generally, it takes one to two hours of sobering up for each drink or bottle of beer consumed.
- In 2002, there were 20,474 casualty collisions in Alberta. In 1,458 – or 7.1 per cent – of them, the drivers had either been drinking or were judged to have been impaired.
- For the same year, in fatal collisions, 81 – or 20.7 per cent – of the drivers had been drinking or were impaired. As the severity of the collision – from non-fatal to fatal – increased, the involvement of alcohol dramatically increased.
- An impaired driver can be anyone. But younger males are the most likely group of drivers to have consumed alcohol before a crash. In terms of involvement per 1,000 licensed drivers, males between 18 and 21 years of age were most likely to have been drinking before the crash.

Safety tips

It's up to all of us to encourage positive and reliable alternatives to drinking and driving. Smart choices will prevent tragedy and further promote safety on our streets. Here are some tips:

- **Take a taxi:** When you're going out for the evening, plan to take a cab both ways.
- **Designate a driver:** Wherever you socialize – private homes, licensed establishments or at special events – the key is to plan ahead. Decide who will not drink any alcoholic beverages before and during an outing. Larger groups should have more than one designated driver. And remember, a designated driver is one who has avoided alcohol completely.
- **Take care:** As a passenger, never get into a vehicle being driven by a person who has been drinking.
- **Be a responsible host:** Entertaining at home can be a fun time, but it also comes with responsibility. It is up to you to ensure that your guests make it home safely when your party ends. Here's how:

-**Take charge:** Establish rules and let your guests know that no one drives away from your party under the influence of drugs or alcohol.

-**Use a key drop:** Ask your guests to leave their keys at the door. Don't return the keys unless you feel it is safe to do so.

- **Serve high protein food:** This type of food stays in the stomach longer and slows the rate at which the body absorbs alcohol. Avoid carbonated mixers – they speed the absorption of alcohol into the body.

- **Provide non-alcoholic drinks:** Encourage guests who are drinking alcohol to alternate alcoholic beverages with non-alcoholic beverages.

- **Measure every drink:** Guests are less likely to drink to excess if they can keep track of the amount they have had to drink. Use a measure to pour drinks. Standard alcoholic beverages are one oz. of alcohol to a minimum of six oz. of mix.

- **If a guest does drink to excess:** Don't let them drive. Offer them a place to stay to "sleep it off". Remember, as the host you may be held legally liable for the damages caused by a driver who over indulged at your party.

Sources: www.saferoads.com (Traffic Safety Initiative, Alberta Transportation), Calgary Health Region

CO-OP

Make two feasts with our best beef.

Alberta Tender is cut from Canada AAA beef and aged a full 21 days, so every bite is exquisitely tender, juicy and flavourful. Getting hungry? Here's two fast and easy ways to put premium quality on the table, on the double.

Cooking for one or two? Make it a quick roast, and make it good and fast. These small, boneless roasts can be prepared and cooked in less than an hour. Here's how:

- While oven is preheating to 350°F (180°C), remove the netting and season. Rub with sun-dried-tomato pesto sauce, or try an Italian pepper rub: Italian seasoning, garlic powder, coarsely ground pepper, pinch of salt.
- Insert meat thermometer lengthwise into the centre of the roast so the shaft is not visible. Place in shallow pan.
- Cook uncovered for 50 to 60 minutes until temperature reaches 155°F (68°C).
- Set on cutting board, tent with foil for 5 minutes. Slice thin.
- Serve with a sauce of mayonnaise, minced fresh garlic, salt and pepper, and a splash of lemon juice.





Beef medallions are thicker than most steaks, so there's less chance of overcooking. And they're portion-sized, so you don't have to cut a larger steak down to size. For delicious results:

- Season. Try a rub of minced garlic, salt and pepper.
- Grill over medium high heat. Turn once.
- If medallions are 1" thick: cook 4 to 6 minutes per side for rare; 6 to 7 minutes per side for medium; 7 to 9 minutes per side for well done. Cook longer if medallions are thicker.
- Top with dollop of cream cheese and chives before serving.

AGED 21 DAYS CO-OP Alberta Tender Cut from Canada AAA Beef

Alberta Beef

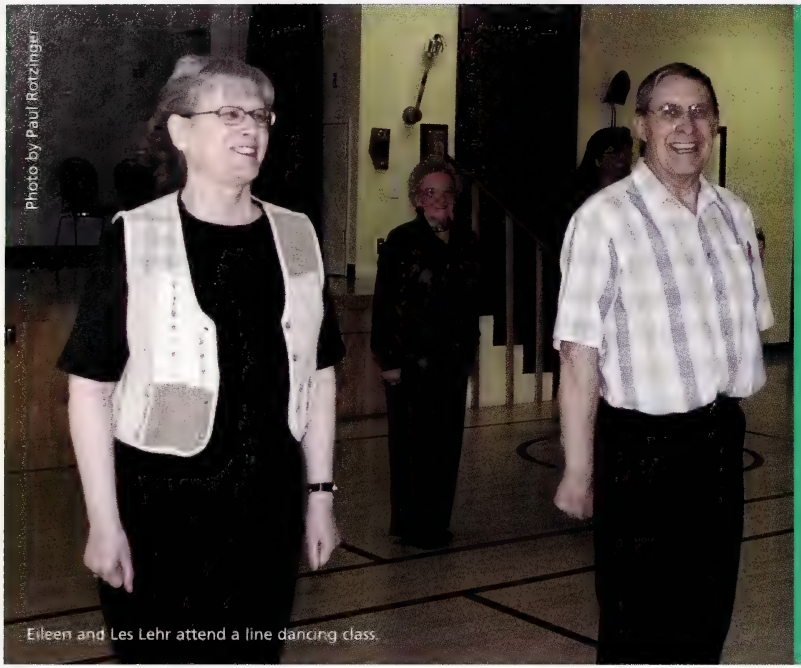


Photo by Paul Rotzinger

Eileen and Les Lehr attend a line dancing class.

Improve your memory

Here are five ways that Dr. Michael King says you can help to improve your memory:

- Pay attention: this may sound easy but often we are distracted and do not focus enough on the information we want to remember.
- Write it down: Putting pen to paper not only gives you a hard copy of the information, but it forces you to focus.
- Rehearse-Remind-Recall: To remember a specific piece of information such as a person's name, say the name several times during a conversation with that person. A few minutes later mentally remind yourself of that person's name. Follow the exercise up several hours later by forcing yourself to recall the name.
- Encode multiple features: Make your memory more memorable by using your senses.
- One more time with feeling: You stand a better chance of remembering something if you are interested in the information.

Remember this

A lapse in memory doesn't mean you're losing yours

BY CAREY MILLAR

Les and Eileen Lehr have their moments – the times when they can't remember where they put their keys or what they went down to the basement to retrieve.

"I get lost in shopping malls," jokes Eileen. "I have no sense of direction."

Occasional memory loss is a common occurrence for most of us, but it can become a concern as we age. Alzheimer disease and other related dementias can rob people of their ability to think, speak and reason, as well as remember. Statistics show that one in 13 Canadians over age 65 is living with Alzheimer disease or a related dementia. Over age 85, that figure jumps to one in three.

Les and Eileen Lehr are now retired and they wonder what the future holds, so much so they recently attended an informational workshop held at a seniors' centre in their neighbourhood to find out. "I don't know if you really think it is a concern, but I guess we think about it," says Les. "You know, how far down the road do you go before all of a sudden you can't remember anymore; you go out for a walk and you get lost and you can't find your way home—then it becomes a concern."

"We weren't sure if we should be concerned (about absent-mindedness)," adds Eileen. "I think that's why we went... to hear whether those things are normal or not."

Dr. Michael King, a Calgary neuropsychologist, understands the questions and worry that the Lehrs and others may have about aging and memory loss. "People are much more aware nowadays of the various health problems that can cause serious memory disorders, like Alzheimer disease," says King, who is also the Manager of Psychology for the Calgary Health Region. "They may have seen parents (or others) who have had this experience and they are perhaps noticing the normal forgetfulness that we all experience and they are saying, 'I wonder if this is the beginning of the end for me?'"

In most cases the answer is no, he adds. "I've had people come to me and say, 'I can't remember the name of my second grade teacher,' and I say, 'Welcome to the club.' That's normal – that's not a particular problem. Those kinds of absent-minded problems are everyday common experiences for all of us."

Dr. King says those lapses in memory stem from a couple of factors: not paying enough attention to what you were trying to remember in the first place, or the fact that you superficially processed the information. A good measure is that the information comes back to you later on. For instance, you do eventually remember where you put your keys or why you went into a room or what you were supposed to pick up. "That's a sign that the information either was in there, and you couldn't get it or it was in there in degraded form, and it took a little bit longer to reconstruct it. And it is important to understand that remembering something is a re-constructive activity, it's not just like pulling a book off the shelf."

Memory is actually a single term for a very complicated process that involves being alert, focused attention, short-term memory and long-term memory, notes Dr. King, and problems can occur at any point along the way. "I would say the most important place where memory problems arise is at the point of focusing attention on what you are trying to remember," he says. "And secondly, operating in that short-term memory environment where we have information in that very short-term storage and we are working on it to

make it transition into the long-term store."

So when does memory loss become a concern? There are two things that should alert you to the fact that you may need further assessment, says Dr. King. The first is if you are not noticing memory problems, but loved ones around you are. "If your family is saying that you are repeating yourself, or that you are not remembering information they just told you, that sort of thing," he says. "And the second thing is if your forgetfulness is putting you into potentially dangerous situations. For example, if you are going outside in the cold without adequate clothing on, or you are leaving the door wide open and you are doing these kinds of things frequently."

While there are no known cures for Alzheimer disease or related dementias, there are some things that people of all ages can do to keep their memory healthy. They include keeping mentally and physically active – the use it or lose it theory, stopping smoking, eating sensibly, getting plenty of sleep, wearing seatbelts and bike helmets and controlling hypertension.

The Lehrs have been following that advice. While they have always been active, the couple decided to become even more so and took up dancing a few years ago after Les retired. Now they take classes three times a week and have tried everything from tap to line dancing. Eileen has even taken up hip hop. "For us, dancing is part of keeping the physical side active, but it's also very much mental because you have to remember all the routines and the dances. It keeps your mind going all the time," says Les. "We also go to all the gardening shows and any other activities that interest us," adds Eileen. "We make it a challenge to know what's going on around Calgary and go to things. We don't stay at home."

Carey Millar is a correspondent for calgaryhealthregion.ca.

Calgary Health Region
www.calgaryhealthregion.ca
(Search Alzheimer disease)
Alberta Health and Wellness
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Fatal attraction

About 5,000 Albertans were diagnosed with skin cancer last year – yet half of us do not take precautions to protect ourselves from the sun's harmful rays.

BY DEREK SANKEY

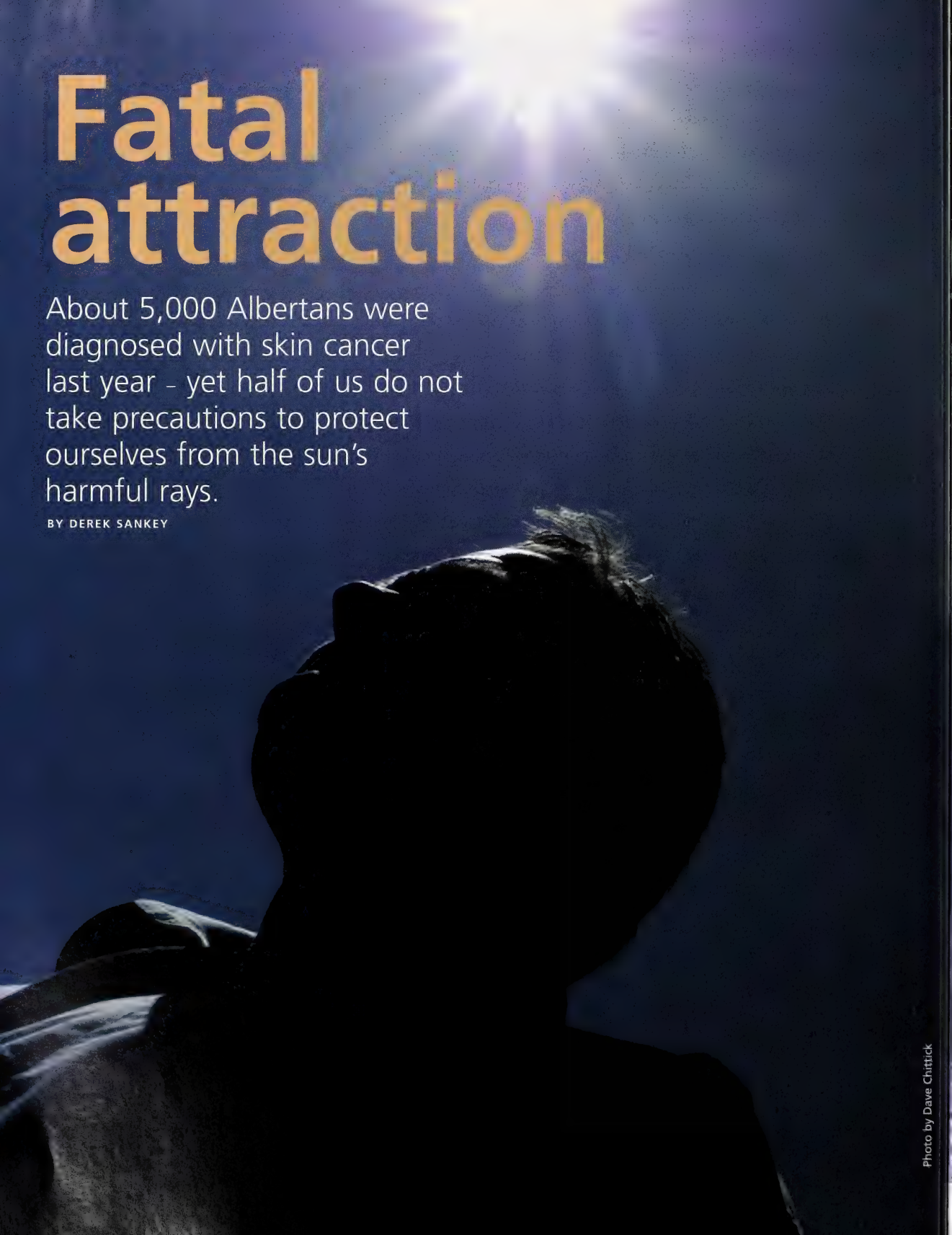


Photo by Dave Chittick

Like many Albertans, Lisa Gelasco never gave much thought to the sun's harmful effects. As a youngster she never had much exposure to the sun but that changed when she entered her teen years. She didn't think twice about suntanning outside or visiting a tanning salon. "When I was a teenager in high school I went to the tanning salons all the time. I wanted the societal image of the bronzed blond," says Gelasco. "It never even crossed my mind." Even when a dermatologist phoned to tell her that she had melanoma, Gelasco still couldn't believe it. "Then he used the dreaded word *cancer* and that's when I kind of realized that I had a little more (sun) than I thought."

While Canada does not evoke the images of some other countries – blistering heat, endless summers or equatorial sunshine – in an average year Alberta can receive as many hours of sunshine as Tallahassee, Florida. Catching people unaware, more than 50 per cent do not take adequate measures to protect themselves from the sun's harmful effects, according to a recent survey by the Alberta Cancer Board's Sunright sun awareness program. That helps to explain the dramatic rise in cases of melanoma and other skin cancers. Incidence rates of melanoma in Alberta have increased from 10 per 100,000 to 15 per 100,000 in the past 10 years. A 1988 study showed that Alberta had the highest incidence of skin cancer in women in the world at that time. Across Canada, the number of skin cancer cases jumped 80 per cent from a total of 40,000 people who had some form of skin cancer in 1989 to more than 70,000 cases for 2001, according to the Canadian Dermatology Association. Death rates during that time also increased dramatically for melanoma – the deadliest form of skin cancer – by 41 per cent in men and 23 per cent in women, the highest increase of all cancers.

Dr. John Arlette runs the largest skin cancer surgery centre in Canada and it is located in Calgary. He serves patients from across Western Canada and now treats more than 2,000 cases each year. He is concerned by the rise in skin cancer. "It's totally preventable, yet it's a huge problem here," says Dr. Arlette.

Skin cancer can develop when ultraviolet radiation from the sun damages the DNA in skin cells. There are three types of ultraviolet sun rays: UVA, UVB and UVC. UVA rays, while not as powerful as UVB, penetrate more deeply into the skin and are responsible for contributing to "photodamage" and wrinkling of the skin, premature aging, and skin cancer. UVA is prevalent in tanning parlours where tanning devices can emit two to five times more UVA than is found in natural sunlight. UVB, mean-



Photo by Maja Swannie

Dr. John Arlette

Types of skin cancer

A suntan is your body's protective mechanism. It produces more pigment to try to protect the skin cells from the harmful effects of the ultraviolet radiation. There is no such thing as a "healthy tan," says Calgary dermatologist Dr. Todd Remington. Instead, people can try using sunless tanning lotions, which essentially dye the skin but do not damage it, he says. In the process of getting a tan, however, the DNA of those skin cells is damaged. New and previous research in the medical community has shown that tanning beds do, in fact, increase the risk of getting malignant melanoma, particularly among young women, says Dr. Remington. The UVB rays emitted by the sun and UVA rays in tanning salons both contribute to the development of skin cancer, he says. Here is what can happen as a result of UV and sun exposure:

Melanoma:
This is the least common but most serious form of skin cancer. It usually starts as a flat brown spot that looks like a freckle. The edges are irregular and the whole spot is most likely asymmetrical. There are often two or more colours to the spot (grey, red, and brown mixtures). Patients often describe such a mole as resembling a squashed bug. It is most common on the upper back in men and the back of the calf and the back in women.

Non-Melanoma Skin Cancers:

1. Basal cell carcinomas: This form of skin cancer usually occurs on a sun-exposed area and starts as an elevated translucent or almost blister-like bump. It can grow larger and eventually becomes crusted. The crust may drop off and heal with a new crust forming. Usually the spot is clear or flesh coloured, but may sometimes be pigmented.

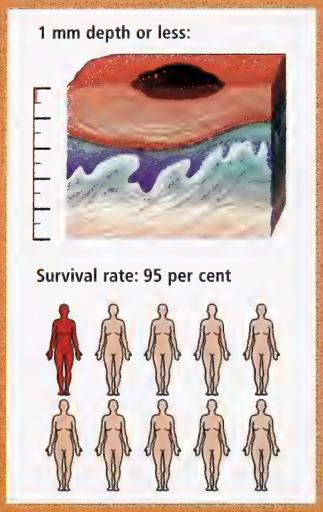
2. Squamous cell carcinomas: This usually develops on the background of severe sun damage in which a patient has multiple "pre-malignant" lesions (actinic keratoses) that are usually pink or brown. They are more scaly and, if picked off, will form again.

What to look for:
It's best to catch skin cancers early so there are fewer complications and treatment is more effective. Dr. Remington suggests occasionally checking your entire body since skin cancers can appear anywhere, such as the soles of your feet, back, buttocks, legs, arms and face. A typical sign is a discoloured mole or freckle. Here is what to look for when checking moles for possible signs of skin cancer:

- Asymmetrical – one half of the mole is unlike the other half
- Border – irregular, scalloped, or poorly circumscribed border
- Colour – varied from one area to another, shades of tan and brown, black, sometimes white, red or blue
- Diameter – larger than 6 mm as a rule (smaller than a pencil)

Progression of melanoma

Melanoma is the deadliest form of skin cancer. It can occur when ultraviolet rays from the sun damage the skin's DNA. The following diagrams illustrate the important role early detection plays in melanoma survival rates.





Sun safety tips:

Since most experts agree that up to 80 per cent of skin damage can occur before an 18th birthday, taking the time to ensure that your children are protected could help them avoid skin cancer complications later in life. Most skin cancers do not appear until 10 to 25 years after harmful sun exposure. Here are some tips from the Canadian Dermatology Association that can help prevent skin cancer and extreme sun exposure:



- Keep babies under one year of age out of direct sunlight (either in a covered stroller, under an umbrella, or in the shade.
- Teach children to seek out shade (trees, buildings, porches, etc).
- Protect your child with:
 - comfortable, loose-fitting clothing that covers most of their bodies (long shirts and pants)
 - wide-brimmed hats
 - sunglasses that protect from all kinds of UV rays
 - sunscreen (with SPF 15 or higher)
- Use a sunscreen that works for your child. Ask a pharmacist, but try SPF 30 if SPF 15 doesn't prevent a burn.
- Swimmers should use waterproof sunscreen, which needs to be reapplied after 80 minutes.
- Apply sunscreen at least 15 to 30 minutes before exposure.
- Don't forget to apply SPF 15 lip balm to your child's lips.
- Work with your child's day care to ensure ongoing sun protection throughout the day.
- Children with fair skin, who usually burn and never tan when out in the sun, or those with blond or red hair, freckles, or many moles, are at greatest risk of damage.
- Up to 80 per cent of the sun's rays can penetrate light clouds, mist, and fog.
- Try to avoid the sun during the peak hours of 11 a.m. to 4 p.m.
- Avoid indoor tanning beds. Try a sunless tanning lotion as an alternative.

"I think a lot of the suntanning habits that people had in the '70s and '80s are starting to catch up with them now and yet people are still tanning."

while, is thought to be the main cause of skin cancer, primarily affecting the skin's outer layers. Harmful UVB rays are most intense during the summer months and at high altitude locations such as Alberta. UVC rays, the strongest and most dangerous, are normally filtered out by the ozone layer and do not reach the Earth's surface.

Gelasco is one of the lucky ones. At 29, she underwent surgery three years ago to remove a lymph node as a precautionary measure, following another surgery to remove the actual melanoma on her skin. The kindergarten teacher says there has been no sign of "metastasis," or spreading of the cancerous tissue, although she has to have an annual chest X-ray and ultrasound. "I live with it every day. When I hear somebody has a lump or something, that's when the reality hits home," she says, adding she now has a heightened awareness of sun protection measures.

Ian, a retired Albertan in his early 60s, has also suffered from the dangerous effects of the Alberta sun. A year ago, he noticed a small lump on his nose. After spending years growing up on a farm east of Calgary, working tirelessly under the hot, dry sun, he never imagined those days would come back to haunt him decades later.

Ian, who asked that his real name not be used, watched the lump grow, getting more and "more ugly looking, kind of a pinkish, reddish colour," resembling a discoloured mole or freckle. Becoming concerned that something was wrong, he visited his family doctor who referred him to a skin cancer specialist. Ian's lump was diagnosed as basal cell carcinoma, a common form of skin cancer that does not spread to the rest of the body. Once a biopsy confirmed his condition, he underwent an operation to have the lump removed. Although Ian has also been lucky – he hasn't had to deal with any complications since his diagnosis – he says that he would have done things differently when he was younger had he known the risks.

"We have such a dry, stinging, penetrating sun here," says Ian. "A lot of people are going out in walking shorts and lying around in the sun. I only have one word for it: foolish, it's absolutely foolish."

Calgary dermatologist Dr. Todd Remington, who

treated Ian, sees between one to three new cases of skin cancer in his office each day. He sees one new case of melanoma, which can be deadly if left untreated, every month. "I think a lot of the sun-tanning habits that people had in the '70s and '80s are starting to catch up with them now and yet people are still tanning," says Dr. Remington.

With the rare exception of a genetic disorder, skin cancer is preventable through proper sun safety measures. If children are protected from sunburn before the age of 14, it can dramatically reduce their odds of skin cancer later on in life, says Dr. Arlette.

Monica Schwann, Prevention Outreach Manager with the Alberta Cancer Board, agrees that it is important to emphasize good sun safety habits so that children will adopt them for the rest of their lives. Children's skin is typically more sensitive and thinner and even when a sunburn disappears, the damage does not, she notes. "It's cumulative. Once you damage your skin, it never goes away."

Schwann was involved in the Alberta Cancer Board's recent behaviour survey. The survey found that while more than half of the respondents knew they should use sunscreen, they didn't understand proper application and reapplication. "They've heard the message about using sunscreen, but people don't realize they need to put it on at least 20 minutes before they go out," and they need to reapply every two hours and use a sunscreen with SPF 15 or higher. "A wide-brimmed hat is one of the greater protective devices people can use, and same with clothing that covers the body," she says.

Schwann says the goal is not to discourage Albertans from going outside and enjoying the activities that the warm summer months have to offer, it just requires some thought. "We want to encourage people to be active, and part of that means taking some simple precautions."

Despite the rising number of cases of skin cancer, there is also good news on the treatment front. Dr. Arlette, whose patients include those with advanced tumours, says Mohs surgery (named after Fredrick Mohs, who developed the technique) allows most patients to avoid a recurrence. The technique involves removing layers of tissue and examining each layer until no cancerous tissue is found to be present. It also saves them the removal of unnecessary tissue, an important aspect for many patients who develop skin cancer on their face, neck, and ears. Of the last 6,000 patients he has treated, only 38 have had a recurrence. There is also a new topical cream, Aldara, which is used to treat some uncommon pre-cancerous lesions.

Derek Sankey is a Calgary writer.

Skin cancer statistics and facts:

- More than 5,000 cases of skin cancer were diagnosed in Alberta last year.
- Melanoma is the most serious, and potentially fatal, form of the disease because it can spread to other areas of the body if undetected or untreated.
- Six out of every seven deaths from skin cancer are from melanoma.
- In Alberta, there will be an estimated 480 new cases of melanoma this year.
- Incidence rates of melanoma in Alberta have increased from 10 per 100,000 to 15 per 100,000 in the past 10 years.
- The most common forms of skin cancer are basal cell carcinomas and squamous cell carcinomas, which appear on the skin as lumps.
- There were 70,000 cases of people with skin cancer in Canada in 2001, including 3,800 cases of melanoma. That represents an increase of about 80 per cent in the total number of skin cancer cases over the past 15 years.
- Since 1988, the death rate for melanoma has increased 41 per cent in men, the highest increase of all cancers; for women, the death rate has increased 23 per cent.
- This year, an estimated 4,250 new cases of melanoma will be reported across Canada.
- A 1988 study showed Alberta had the highest incidence of skin cancer in women in the world at that time.
- About 80 per cent of skin damage occurs before a person turns 18 years old.
- The largest skin cancer surgery centre in Canada is located in Calgary, Alberta.

Sources: Canadian Cancer Society, Canadian Dermatology Association, Calgary Health Region

- **Canadian Dermatology Association www.dermatology.ca**
- **Canadian Cancer Society www.cancer.ca**
- **Dr. John Arlette, Mohs surgeon/Skin cancer specialist – www.johnarlette.com**
- **Remington Laser Dermatology Centre www.remington-laser.com**
- **Alberta Society of Melanoma www.melanoma.ca**
- **Sunright Sun Safety Program www.cancerboard.ab.ca/sunright**
- **Calgary Health Region www.calgaryhealthregion.ca**

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Carole Rush and daughters take a ride down a local trail.

Bikers, boarders and broken bones

Safety experts say the key to injury prevention is understanding potential risks and taking steps to manage them

BY DEREK SANKEY

Nurse Carole Rush tells a story with a sobering message.

A woman decides to go inline skating with her husband. Although she always wears a helmet when riding a bike, she doesn't wear any headgear as she skates down a pathway this day. Somewhere near Heritage Park and Glenmore Trail, she ends up taking a bad fall and cracks her head open. The injury ends her life.

For Rush, an Emergency Department nurse and Injury Prevention Specialist with the Calgary Health Region, the story underscores an important theme in injury prevention: risk management. The point, Rush says, is not to discourage people from enjoying activities that may pose potential threats to safety, but to understand what those risks are and how to deal with them. "We don't expect that no one is going to get hurt in life, but it's about being aware of the risk and managing the risk," says Rush.

Managing risk – which essentially means looking first in any situation, wearing protective gear, getting trained, and taking all of the necessary precautions to enjoy the activity of your choice – is an important message for any time of year. But statistics suggest that it may be of particular significance during the warm summer months, a time known among injury prevention specialists as "trauma season." Broken bones, fractured skulls, bloody scrapes and bruises, and worse – Emergency Department personnel are kept busy as people of all ages, from all walks of life come through the sliding doors. In the fiscal year April 1, 2002 to March 31, 2003, there were 12,106 recreation-related visits to hospital Emergency Department sites in the Calgary region. One third of those cases were children and youth between 5 and 14 years old.

Rush says it's frustrating to see so many preventable injuries, particularly because it only takes a small amount of effort to help avoid collisions or falls that could potentially alter a person's life – or even end it. "People think they are powerless to prevent injury, but the reality is most injuries are predictable, therefore they are preventable," says Rush.

With summer upon us, more and more people are out bicycling, inline skating, skateboarding and playing many different sports around the city. Bicycle-related injuries are among the most common during the summer months, especially among youth and young adults. While there has been some progress in limiting bike injuries in some age groups, it's getting worse for others. Data from the Canadian Institute for Health Information shows there has been a 15 per cent reduction in the number of children between five and 14 being hospitalized as a result of bicycle injuries across Canada in the last five years. However, there has been a 20 per cent increase for people between the ages of 16 and 34.

"We don't expect that no one is going to get hurt in life, but it's about being aware of the risk and managing the risk."

In a bid to reduce injuries, the Calgary Health Region's Injury Prevention and Control Program puts a major focus on risk management through the promotion of "smart risk" messages. But Rush says it is often up to parents to set a good example. They have to follow through on their desire to keep their kids safe. "It's strange how people might spend up to $200 on their child's jeans and running shoes and then put nothing on their heads," says Rush. Buying helmets today is a lot different than it was years ago. Designs have changed, and there is a much wider range of approved types available.

With legislation in effect across Alberta since May 2002, all kids 17 and under must wear a helmet when cycling. Carol Beringer, Injury Prevention Specialist with the Region, says parents need to take the lead and wear helmets, too.

Teenagers and young adult males, in particular, are more difficult segments of the population to educate about helmets, despite research showing that wearing headgear is 80 to 90 per cent effective at reducing the severity of head injuries from collisions. "When you get to that teen to mid-20s range, that whole invincibility



SAFETY TIPS:
Riding a bike

Wear the gear

- Helmet (make sure it meets approved helmet safety standards)
- Bell
- Lights
- Reflectors
- Good footwear
- Bright clothing
- Cycling gloves

Get trained

- Learn the skills by taking courses that are offered by community associations, sports clubs, or other trained bicycle safety instructors (such as the Elbow Valley Cycle Club)
- Follow all road rules and obey traffic signs
- Use these three basic rules:
 1. Stop at all intersections
 2. Look left, right, and left again before proceeding
 3. Ride on the right
- Shoulder check every time you move out to turn or pass

Look first

- Check your bike to make sure it is in proper working order each time you ride
- Conduct an ABC Quick Check: Air (firm tires), Brakes (clean and working properly), Chain (tight, well-lubricated)

Source: Calgary Health Region, KIDSAFE Connection

mindset comes in that it will never happen to me," Beringer says. "Sometimes it's just a matter of knowing where to draw your stupid line," Beringer says, referring to the line that separates smart risk from stupid risk. "That's where the message really comes in: helmets look and fit great. Anyone can wear a helmet, manage their injury risk and look cool at the same time."

Helmets have come a long way. For $20 or $30, you can buy a wide range of sizes, shapes and colours that meet safety standards (i.e., CSA, Snell, ASTM), says Beringer. Wrist guards are available for skateboarding or inline skating, as well as knee and elbow pads. Other gear could include cycling gloves and appropriate clothing that isn't so loose it can get caught in gears or in the chain of a bike. Most organized leagues are able to provide you with information about protective gear, which varies from sport to sport.

Playgrounds – a place of many childhood broken arms – have also come a long way. The Region is a partner in the Calgary Injury Prevention Coalition Playground Safety Committee, a group that provides resources to schools, daycares or community groups to help them identify risks and upgrade playgrounds. The Canadian Standards Association (CSA) has developed a safety standard for playgrounds, and outdated playgrounds are gradually being replaced at Calgary schools and parks. Because most playground injuries are due to falls, a key safety feature of any playground, be it in a park or in a backyard, is the ground surface under and around equipment. Cushioned surfaces, like pea gravel or rubber tile, help to protect against serious injury in the event of a fall.

"That's where the message really comes in . . . anyone can wear a helmet, manage their injury risk and look cool at the same time."

Nancy Staniland, Manager, Injury Prevention and Control Services, Calgary Health Region, says the hardest part of her job is getting people to understand the risks and then change their behaviour slightly to manage them accordingly. "Sometimes, the complexity is really in whether or not people understand that they're at risk," says Staniland. "We speak not only to people's responsibilities about what they can do for themselves and their families, but also what they can do to help advance safety in their community."

Don Hollingshead, a member of the Elbow Valley Cycle Club in Calgary, says people could learn a lot from taking one of their cycling skills courses. Although many people think they already know how to ride a bike, Hollingshead says most people would be amazed at how much they lack in knowledge about road rules, cycling techniques, evasive maneuvers, endurance, gearing, hill climbing, the rule of thirds, and other cycling skills. "People still go out and take tennis lessons, even though they can already hit a ball," says Hollingshead. "People enjoy any game more if they learn more about it, so we try to teach people in 16 or 18 hours what it would take them roughly 20 years to learn on their own." The cycle club runs the programs to educate people, give them confidence, improve skill and ability, and to ultimately prevent injuries. "We try to reduce injuries by reducing crashes," says Hollingshead.

The statistics on injuries recorded from hospital emergency visits doesn't reflect the number of



SAFETY TIPS:

Inline skating

- Protect your head by always using a certified multi-purpose sport helmet.
- Choose a helmet with good ventilation, a nylon chin-strap, and a strong buckle.
- Position the helmet level on your head and low over the brow. It shouldn't tip forward or backward. If simple hand pressure shifts the helmet significantly try another helmet size. You should not be able to move a fastened helmet in any direction. Adjust the chinstrap firmly but comfortably, and use the foam pads to adjust the fit.
- Replace any helmet that has been involved in a crash even if it doesn't appear damaged.
- Wear protective gear such as knee pads, elbow pads, and wrist guards.
- Choose good quality skates that fit your feet properly. Loose skates do not provide enough ankle support or control.
- Wear light clothing during the day and colorful or reflective clothing that is designed to reflect motorists' headlights during dusk or in the evening. Wear long-sleeved shirts to prevent scrapes and cuts.

Review the following safety tips before you head out on your next in-line adventure:

- Contact your local sporting goods store or your recreation department to see if they offer lessons.
- Initially practice standing and walking on a flat, grassy surface to get your balance.
- Skate on a smooth, flat surface free from water, sand, rocks and fallen branches.
- Skate where it is allowed. Check with your municipality.
- Skate in the daylight and avoid skating in bad weather conditions.
- Avoid skating near crowds, traffic and animals. On pathways be alert for people, animals and cyclists.
- Do not wear headphones while you are in-line skating. You need to be alert.
- Cross roads at the corner or at a marked crosswalk. Never cross in the middle of the block.
- Approach intersections slowly and cross the street only when you see the walk sign and only when all cars have come to a complete stop.
- Never skate out from between parked vehicles. Also watch for cars backing up.
- Pass pedestrians and other skaters on their left side. Blow a whistle or call out "passing on your left" to alert them you are approaching.
- Do not skate with your dog on a leash.
- Remove helmets while children are using playground equipment.

Source: Calgary Health Region



SAFETY TIPS:
Skateboarding and scooter

Before skateboarding, skating or riding a scooter, a parent should check equipment thoroughly for hazards such as loose, broken or cracked parts, slippery top surfaces and wheels with nicks and cracks.

Always wear appropriate safety gear including a helmet, wrist guards, and elbow and knee pads. If wristguards interfere with your child's ability to safely steer the scooter, he may want to leave one or both wrist guards off.

Be sure protective gear fits properly and does not interfere with your child's movement, vision or hearing.

Never ride in the street. Ride on smooth, paved surfaces free of traffic. Avoid streets or surfaces with water, sand, gravel or dirt.

Do not skateboard, skate or ride a scooter at night.

Limit skateboard, skate or scooter use to one person at a time.

Never hitch a ride from a car, bus, truck, bicycle, etc. Build up your moves gradually as your skills improve. Do complicated moves only in designated areas.

Children ages eight and younger should not use bikes, skateboards, skates or scooters without close adult supervision.

Use caution when skateboarding, skating or riding a scooter downhill. If the hill is steep, step off and walk to the bottom of the hill.

Source: Kidsource.com

actual injuries, since many are treated at family doctors, clinics, or by family members. Everything from sprained muscles and chronic aches, to more severe trauma injuries can be found in what may seemingly be unlikely activities and sports. Take golf, for example. David Lindsay, head physiotherapist at the University of Calgary Sport Medicine Centre, is an expert on golf injuries. He's researched the activity closely over the years and says that his data shows 20 to 25 per cent of golfers have some kind of ache or pain in their body related to golf. Two thirds of golfers will suffer a golf-related injury and half of those will become chronic, says Lindsay.

"Most of these are minor, but the ideal scenario is not to have it occur at all," he says. Things like "tennis elbow," back strain, lower limb injuries, and general overuse of certain muscles are often the result of not warming up. Progressive activity should include a warm-up relative to the intensity of the sport over time. For golf, Lindsay recommends working into it over a two-week period before going out and "lashing away at a big bucket of balls." Then, you also need to prepare the body on the given day of the activity, which might be stretching or light aerobic activity, for example. Equipment can also be a big problem. You have to use equipment that fits your body, helps protect from the most likely injuries of the sport or activity, and allows you to achieve the maximum results from your effort. Even gardening can cause injuries. Ergonomically designed shovels and other tools are widely sold on the market now to decrease tension and stress on the body, he says.

Lindsay echoes Rush's comments about the need to stay active and manage risks. "We want people to get out there and it's been proven time and time again that physical activity, even in small doses, is great. The body is designed to move and if we don't, we suffer," says Lindsay.

Back in Emergency, Rush isn't just going to sit around and watch people continue to get hurt, but she encourages them to get active. She goes to schools and many injury prevention events around the city to educate people about what the risks are and how to avoid them. If parents can take the lead and promote safety at home by walking their talk, a lot fewer injuries will come through the sliding doors at Calgary and area hospitals, she says. "You have to ask yourself, what's going to happen to you if you get badly injured? What's going to happen to your family, your kids?" Those are tough questions, says Rush. "It's much easier to prevent a serious injury than live with one."

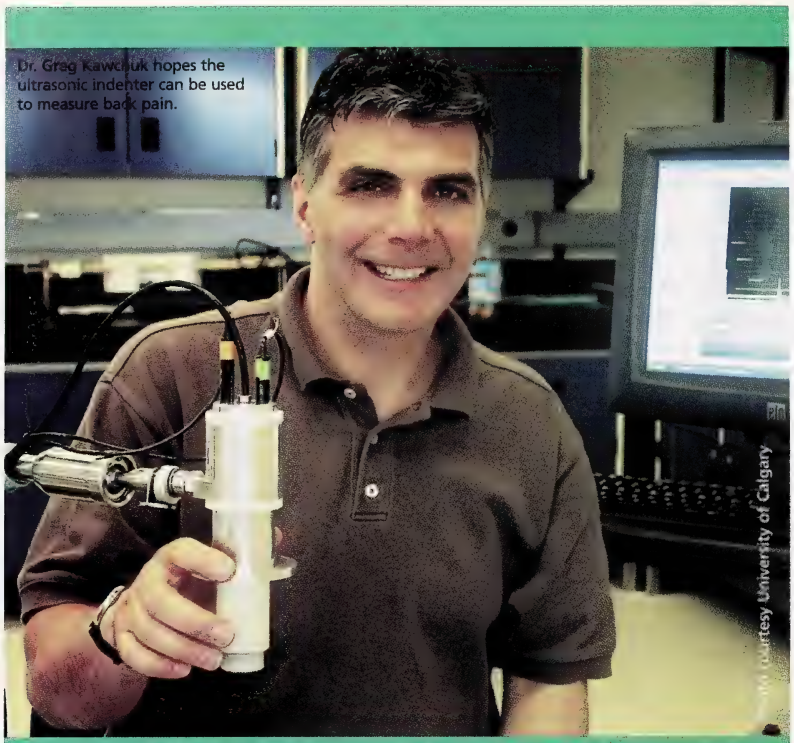
Derek Sankey is a Calgary writer.

Sports and recreational injury facts:

- Falls and motor vehicle collisions continue to be leading causes of injury hospitalizations.
- More children die annually from injuries than from all other childhood diseases combined.
- Evidence suggests that up to 90 per cent of injuries are predictable and preventable.
- More than 100 Canadians die annually from bike injuries, while children aged five to 14 account for about half of these.
- Across Canada, bicycle-related injuries were responsible for the hospitalization of 4,520 Canadians in 2002, or an average of 12 per day.
- One third of those cases were children and youth in the five to 14 age group.
- About 50,000 Canadian children suffer a bicycle-related injury each year.
- The number of children five to 14 hospitalized for bicycle-related injuries has declined by 15 per cent over the past five years, while the number of hospitalizations for youths and young adults (aged 16 to 34) increased by 20 per cent across Canada.
- There were 12,106 sports and recreation injury-related hospital Emergency Department visits for the Calgary Health Region in fiscal 2002-2003.
- In the Calgary area, there were 1,286 bicycle-related injuries requiring a hospital Emergency Department visit in 2002.

Source: The Canadian Institute for Health Information and Calgary Health Region

- **Alberta Transportation Traffic Safety Initiative: www.saferoads.com**
- **Safe Kids Canada:www.safekidscanada.com**
- **Bicycle Helmet Safety Institute:www.bhsi.org**
- **Alberta Bicycle Education Program Inventory: www.med.ualberta.ca/acicr**
- **Canadian Parks and Recreation Association: www.cpra.ca/npsc/npsc.htm**
- **Health Canada Child Injury Prevention: www.hcsc.gc.ca/english/lifestyles/injury.html**
- **Calgary Health Region Injury Prevention and Control Services: www.calgaryhealthregion.ca/injuryprevention**
- **SMARTRISK Canada: www.smartrisk.ca**
- **Elbow Valley Cycle Club: www.elbowvalleycc.org**


Dr. Greg Kawchuk hopes the ultrasonic indenter can be used to measure back pain.

(photo courtesy University of Calgary)

Spine tingler

A Calgary researcher is developing a device that could help doctors crack the mystery of lower back pain

BY BOB BLAKEY

With a career in chiropractic backing him up, Dr. Greg Kawchuk draws on this experience daily as he works to refine a device aimed at alleviating one of modern society's most common and debilitating afflictions – lower back pain.

Dr. Kawchuk is a University of Calgary "clinician scientist" – a full-time scientist who is clinically trained. He and his team of researchers in the Faculty of Kinesiology are closing in on a way to measure, catalogue and compare degrees of stiffness in back muscles and the spine. They're doing it with a handheld device developed by Dr. Kawchuk that could some day be commercialized and used in clinics around the world.

Called an "ultrasonic indenter," the microphone-shaped device is gently pressed down onto a patient's lower back, where pain is being experienced. It measures resistance of soft tissue while simultaneously taking an ultrasound reading relating to spine stiffness.

One weekday afternoon, Dr. Kawchuk demonstrates the device for a visitor. On a nearby TV monitor, lines appear on a graph, giving numerical readouts that vary according to the pressure used and the location of the indenter near the spine. The documented measurements are expected to be useful for a couple of reasons. The idea is that over time they will note changes – for good or bad – in patients' muscles and spines. Then the readings will accumulate in a database available to many doctors and other health practitioners. A general idea of what is "normal" might become clearer, for comparison with each patient's ultrasonic data. "Most people will tell you that stiffness or impairment of motion is a very good reflection of overall spine function. But we've had such poor ways of measuring such things to date," he says.

Measurement, of course, is the key to many medical treatments. To fix bone fractures, for example, doctors order X-rays. By comparing the resulting picture with what specialists know to be normal, it is possible to get on with the treatment. It is the same for MRIs, CAT scans, blood-pressure readings and many other tools of modern medicine.

Detection, however, is an inexact science. "I can measure your cholesterol but you can't tell me what your cholesterol feels like right now," Dr. Kawchuk says. "So there's this disconnect. Sometimes there are things you feel that I can't measure and sometimes there are things I measure that you can't feel."

Pain is a classic example of the former. Whether it causes mild discomfort or outright agony, pain can only be described by the sufferer, not quantified by a doctor.

Back pain, in particular, affects many people and is a major cause of Workers' Compensation Board claims in Alberta. WCB records for 2003 show that 24,622 claims were made for back problems, representing just less than 16 per cent of all claims that year. But measured as a portion of time lost, back claims actually accounted for 26.6 per cent of the 2003 total. Work missed due to back pain averaged 23 days per claim. "The problem is, only in 10 per cent of cases can you identify what's causing back pain and that's usually because of cancer, severe trauma or a knife sticking out of someone's back," Dr. Kawchuk says. "So if you don't have an identified cause in the other 90 per cent, how do you know which treatment to apply? How do you know if it's going to go away on its own?"

Dr. Kawchuk has been getting some help analyzing his numbers from Dr. Richard Hu, a spinal surgeon in Calgary. "I think (the indenter) does have some benefit in terms of allowing people to understand the motion that's occurring in the spine," says Dr. Hu. "I have high hopes that it can

"He's making a big step forward. He's combining a variety of technologies to produce a device that looks like it could be clinically functional."

be used in the future as a clinical tool that will provide some way of measuring what we currently cannot measure very easily."

Dr. Kawchuk began designing the indenter as he worked toward his Ph.D. in the 1990s. At first it was a large, awkward contraption, but he has since managed to whittle it down to handheld dimensions. Its accuracy as a tissue compressor is now measured in tenths of a millimetre.

As Dr. Kawchuk continues the demonstration, an engineering professor drops by the lab to see how the project is going. Dr. Nigel Shrive is a recipient of one of two University of Calgary Killam Research Chairs. Dr. Shrive believes Dr. Kawchuk is onto something, albeit with some work still to be done. "I think that he has some novel ideas and he may, with what he's got, be able to provide a quantitative assessment of spine stiffness, which hasn't been available in a simple and elegant way before," Dr. Shrive says later. "He's making a big step forward. He's combining a variety of technologies to produce a device that looks like it could be clinically functional." However, Dr. Shrive notes there are a couple of obstacles, such as the possibility that doctors may not always hold the device exactly the same way as their counterparts elsewhere. Also, in trying to establish a population average, is it realistic to compare a reading from the spine of an undernourished fashion model with that of a bodybuilder? "How do you build that into the interpretation of the number that you get out?" ponders Dr. Shrive. Even so, he believes the indenter holds great promise.

Dr. Kawchuk, meanwhile, has been addressing these concerns with human trials that began this summer. Overall, he is optimistic. "We have negotiations right now with people who are interested in manufacturing and distributing this technology. We're hopeful that we can put this tool into the hands of clinicians, so it can help people who need it most– people with back pain."

Bob Blakey is a Calgary writer.

For more information about Dr. Kawchuk's project, or to volunteer, call 210-9751.



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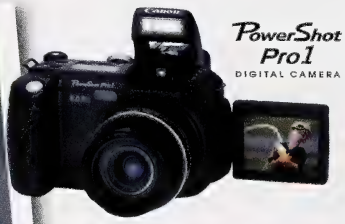
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John Forzani

Community builder

John Forzani's desire to give back has helped create one of Calgary's most popular fundraisers

BY FIONA WREN

John Forzani's decision to raise money for health care is rooted in a simple idea. "We can't have a great health-care system if people don't chip in. And I believe that, as a business, it's our responsibility to give back to the community," he says.

That commitment to community building took on personal meaning for Forzani when his father passed away from heart disease. A short time later, the Calgary sporting goods retailer set about organizing a walk and run event, in part to get Calgarians interested in becoming more physically active, but also to raise money for the old General Hospital's cardiac rehabilitation program.

Twenty-seven years later, The Forzani Group Foundation's Mother's Day Run and Walk is one of the most successful fundraising events of its kind, attracting thousands of participants and generating millions of dollars for health care.

More than 10,900 Calgarians "chipped in" this year, spending a chilly Mother's Day morning running, walking and wheeling through the downtown core. Proceeds from the event will go to the Calgary Health Trust, which will support the Cardiac Arrhythmia program at the Foothills Medical Centre. Funds will help purchase an electrophysiology recording and mapping system, which is used to diagnose and treat patients with heart rhythm disorders. The generosity of Calgarians doesn't stop with the participants, who collect pledges to help raise funds. The City of Calgary helps with road closures and offers free transit to participants. Panda Flowers donates roses every year. And major sponsors have offered their support.

"I believe, that as a business, it's our responsibility to give back to the community."

Raising money for cardiac programs seems like a natural fit for The Forzani Group. "We're in the fitness industry, and there's an obvious link between heart health and fitness," he says. Through the years, Forzani, chair of the The Forzani Group Ltd., has remained committed to supporting initiatives that make a difference he can see. And each year, with the help of the Calgary Health Trust, the organizing committee chooses the program or piece of equipment that will benefit from their efforts.

"It's good to be able to see where your donation goes," says Forzani, when asked about the equipment the run has helped purchase for cardiac care programs in Calgary. "We buy pieces of equipment that are needed. We can actually see which projects the run has helped fund," he says, listing past projects that include a cardiac MRI for the Peter Lougheed Centre.

Deciding which initiative to support has led Forzani to meet people who are truly committed to bringing excellence to health care. "The doctors are very passionate," says Forzani. "It's good to see people who believe in the cause first, and see the money as a by-product."

Although the Mother's Day Run and Walk is already a huge success, Forzani's vision for the event doesn't stop at 10,000, or even 20,000 participants. "I'd like to see it become a civic event," he says, "that this is what Calgarians do on Mother's Day. I'd like to see it reach 50,000 people, like Bloomsday in Spokane does every year."

And regardless of the size of the donation, Forzani urges every donor to do his or her research before making a gift. "Find out where your donation is going," he says. "Find out exactly how you're making a difference."

Fiona Wren is a Calgary writer.

www.thetrust.ca



Julie Toblan looks over a car seat.

Seat sale

Calgary woman searches for used baby car seats for those in need

BY BOB BLAKEY

Even while dropping in on weekend garage sales, volunteer Julie Toblan is on the job.

She's on the lookout for used car seats manufactured for infants and toddlers. Armed with a leaflet – and probably more knowledge about kids' car seats than anyone else in Calgary – Toblan has a consistent routine when she finds one for sale among a householder's jumble of old books, records, kitchenware and trinkets.

She explains that the seller is taking a big risk if the used car seat later fails to protect a child in a vehicle collision. "The person who's selling it could be sued down the road, should there have been something wrong with the seat," Toblan says. So, she suggests the owner donate it to the Car Seat Round-Up program, operated by the Calgary Injury Prevention Coalition in partnership with the Interfaith Thrift Stores Association and the Calgary Health Region, where she volunteers. It's there that a great majority of Toblan's time is directed towards supervising other volunteers and co-ordinating the inspection, culling and refurbishing of used car seats for parents who can't afford to buy one. Any low income family needing such a seat can speak to a public health nurse at their local community health centre.

On a typical Tuesday evening at a warehouse in northeast Calgary, Toblan arrives early to make sure that her volunteers can get in at the scheduled time of 7 p.m. Interfaith employee Mary Tse-Pankras has already begun screening the rows of donated car seats, most of which have been dropped off by Calgarians at the charity's thrift stores. In general, roughly 90 per cent of donated seats to the program have to be rejected and destroyed for a variety of reasons.

"If you save just one kid, it's all worth it."

To be re-used, a car seat must be no older than six years. There can be no signs of damage or stress in the structural plastic. All seats must have been sold new in Canada to comply with this country's tough safety rules. "If there's no French on the label, that's the first sign," Toblan says. The seat's origin is also confirmed by referring to its label – whether it has met U.S. safety regulations rather than Canadian.

The volunteers check to ensure each seat has all the required components. Toblan searches her files for recall notices that might have gone out for a particular seat. If so, she'll set that one aside, order a free recall kit from the manufacturer and retrofit the required parts when they've arrived. "If it hasn't got a recall on it, we look to see how clean the covers are. If they require washing, they go through the washing machine and the dryer. We disassemble the seats and scrub them all up, using a toothbrush and a Q-tip." Once she even found a cheeseburger under a car-seat cover.

As they clean away, Tse-Pankras talks about the program, which brings in about 80 to 90 seats a month. "It's a great program," she says. "It allows the public health nurses to get seats to clients who need them but can't afford them."

Their hard work has clearly paid off. Hundreds of local families have benefited from the car seat program over the years.

So what prompted Toblan to take it on? She first volunteered for the Calgary Health Region in 2000 after seeing an ad on the Internet. "They were looking for car seat inspectors. My baby was 18 months old and I hadn't gone back to work yet. I thought this looked like something interesting, so I took the car seat training. Then they were looking for someone to help organize and run this program. I started that in January of 2001." For the most part, Toblan does her job pretty much anonymously, taking pride in its accomplishments with the knowledge that children's lives are at risk every time they sit in a vehicle without proper restraints. "If you save just one kid, it's all worth it," she says.

Bob Blakey is a Calgary writer.

Donations to the Car Seat Round-up are always needed. If you have a car seat that isn't being used, drop it off at any of the Interfaith Thrift Store locations in the city.

Car seat and booster seat safety

Extensive evidence exists showing that the proper use of child car seats is very effective in reducing injury and death to children during motor vehicle collisions. Although the installation of a car seat can seem challenging, infants and children rely on their parents and caregivers to make every ride a safe ride, and you can do it! Multiple strategies have been implemented in the Calgary region to improve the proper use of child car seats during vehicle travel. Anyone who transports a child in their vehicle can learn to do it safely by:

- Reading and following the instructions provided with the car seat or booster seat, as well as the section on child safety seats in your vehicle owner's manual.
- Self-assessing your car seat's installation using the appropriate Car Seat YES Test available online at www.calgaryhealthregion.ca/kidsafe – click on "Resources."
- Attending a free "Car Seat, Booster Seat and Seat Belts for Kids" class. Parents and caregivers can call 943-LINK (5465) to register.

There are three types of child car safety seats: infant, toddler, and booster. The right car seat depends on your child's size.

Infant car seats (rear facing): For babies until at least 9 kg (20 lbs.) and one year of age. It is important that babies are strong enough before moving to a forward facing car seat.

Toddler car seats (forward facing): For Children between 9 kg and 18 kg (20 - 40 lbs.), approximately from one to four years of age.

Booster seats: Used once a child reaches 18 kg (40 lbs.) until about 36 kg (80 lbs.), approximately from four to eight years of age. Booster seats are just as important as infant and child seats as they raise your child up off the seat so that the regular seat belt fits safely.

It is also important that the seat is safe to use.

- Make sure the CMVSS label is attached to the seat. This indicates it has met Canadian safety standards.
- Use car seats bought only in Canada. Those bought in the USA or other countries may not meet Canadian safety standards and are not legal for use in Canada. It is not recommend that you rent or buy a second-hand car seat.
- The car seat should come complete with all the required parts, including instructions. If the instructions or parts are missing, call the car seat manufacturer (look for a 1-800 number on the car seat).
- Know the history of your car seat! Car seats older than 10 years should not be used. Seats that have been in a crash should also not be used.

Sources: KIDSAFE Connection, Calgary Health Region
www.calgaryhealthregion.ca/kidsafe

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A Day in the Life

The public health inspector

PHOTOGRAPHY BY MAJA SWANNIE

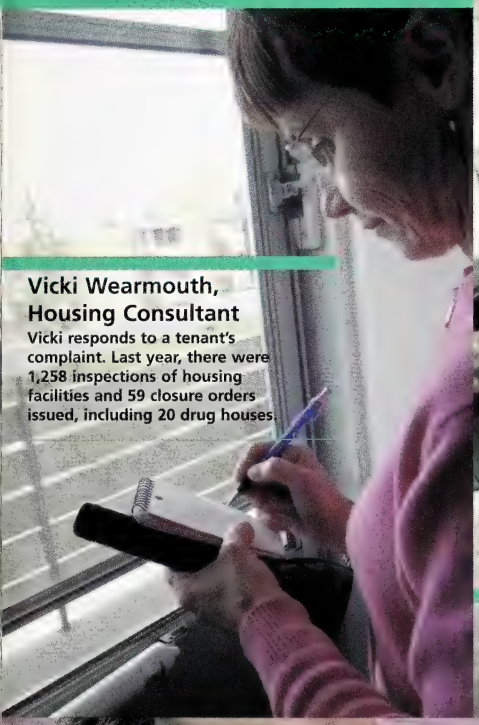


Beth Trevelyan,
Public Health Inspector
Beth conducts a routine inspection of a Calgary restaurant. Last year food inspectors conducted 15,911 inspections and issued 257 notices of closure.

Jacquie Schnider,
Education Consultant
Jackie leads a class at Centre 15.

Sandra MacNeil,
Public Health Inspector
Sandra takes water samples at a Calgary swimming pool.

Calgary's health inspectors come to work each day with one mission: To protect the public from exposure to health hazards. For some, that means taking a close look at the food being prepared in city eateries. For others, it means taking a water sample, testing air quality or carrying out a residential inspection. In this issue of *Apple*, photographer Maja Swannie captures the variety of work carried out by the Region's Environmental Health team.



Vicki Wearmouth, Housing Consultant
Vicki responds to a tenant's complaint. Last year, there were 1,258 inspections of housing facilities and 59 closure orders issued, including 20 drug houses.



Jason Feltham, Water Consulant
Jason (left) discusses an issue with Pat Butler at the Waterworks subdivision in southeast Calgary.



Dennis Stefani, Air Quality Specialist
Dennis demonstrates how air quality tests are conducted.

Nutrition with Wendy Shah





Sweet drinks pack on the pounds

Fresh fruit or low-sugar beverages will slake your thirst and help keep you trim

What better way to enjoy a hot summer day than to relax with a frosty glass of iced tea or lemonade. A stroll to the neighbourhood convenience store for a slushy drink or iced cappuccino is always refreshing. Or, how about a cool beer while firing up the barbeque?

An adequate intake of fluid is just as important for our health as eating a nourishing variety of foods. The problem is that we are often unaware of the sugar and calorie content of the fluids we're choosing to quench our thirst. We have the notion that what we drink really doesn't count in our daily energy intake.

However, researchers suggest that the rapidly increasing consumption of carbonated soft drinks, especially among children, is contributing to the obesity epidemic in Canada. "Super-size" marketing lures us to order pop at fast-food outlets and movie theatres in portions more than double what we would have enjoyed ten years ago. Did you know that a super-sized order of regular pop (44 oz./1,300 ml) has the caloric content of a large meal with virtually no nutritional value?

For an eye-opener, see the accompanying chart and be amazed at the amount of sugar and calories you may be sipping through a straw. Although the sugar content of the beverages has been compared using the consistent amount of 250 ml, the real clincher is to look at the sugar contained in the usual portion size you'd pick up at a convenience store.

All this sugar can be a health issue for people with diabetes or those with high blood triglycerides (a component of cholesterol). Of course,

Healthy thirst quenchers

- Refresh yourself with watermelon or other juicy fruit
- Suck on frozen grapes
- Blend crushed ice with fruit juice
- Savour a fruit sorbet or a fruit juice popsicle
- Choose smaller drink sizes and skip refills when eating out
- Keep bottles of water handy and take them when you leave home
- Choose sport drinks instead of water only if your exercise session is longer than 90 minutes
- Milk and unsweetened fruit juices are still recommended, in moderation. They contain natural sugar and provide us with healthy vitamins and minerals.

www.calgaryhealthregion.ca (search nutrition)

if you're hoping to look good at the beach, and want to prevent that spare tire around your middle from inflating, you'll also want to limit high sugar beverages.

As you can see, even nutritious, unsweetened fruit juice can pack a lot of sugar and doesn't give you the healthy fibre crunch of a piece of fruit.

What can you do when you need a refreshing drink but want to avoid the calories? Be creative!

Try some of these low sugar beverage ideas:

- Dilute fruit juice with water or soda water
- Chill fruit-flavoured, unsweetened herbal teas
- Add a wedge of lemon or lime to ice water or soda water
- Blend chilled coffee with low fat milk
- Enjoy vegetable juices
- Choose artificially sweetened beverages such as diet pop, sugar-free Koolaid ™ and Crystal Light ™.

About artificial sweeteners:

- Artificial sweeteners used in beverages in Canada are considered safe.
- They are hundreds of times sweeter than sugar and therefore are used in very small amounts to sweeten food.
- The recommended limit for the intake of sweeteners is based on a person's weight. Therefore, artificially sweetened products should be used in smaller amounts for children.
- A person weighing 150 lb (70 kg) could drink up to 20 cans (8 litres) of diet pop in a day before they would reach an unhealthy limit.

Wendy Shah is a registered dietitian with the Calgary Health Region.

Sugar and calorie content of beverages

Note: 1 sugar cube = 1 tsp. sugar = 16 calories

Beverage	#Sugar cubes per 250 mL (1 cup) size	Usual portion	Calories per usual portion	#Sugar cubes per usual portion
Cranberry cocktail	10	473 mL	321	18
Orange pop	8.5	591 mL	333	21
Lemonade	8.5	591 mL	320	20
Milkshake	8	500 mL	380	16
Sunny Delight™	8	355 mL	178	11
Iced cappuccino	8	281 mL	156	10
Slush-type drink	8	795 mL	385	26
Cola drink	7.5	591 mL	265	18
Big Gulp pop	7.5	1000 mL	448	30
Koolaid™	7.5	200 mL	90	6
Apple juice	7.5	473 mL	227	14
Fruit punch	7	591 mL	248	16
Orange juice (unsweetened)	7	473 mL	212	13
Iced tea	6	591 mL	220	14
Grapefruit juice (unsweetened)	5.5	473 mL	166	10
Sport drink	4	710 mL	182	11
Milk, white	3	250 mL	48	3
Vegetable juice	2.5	340 mL	60	3
Beer**	2	355 mL	145	3

*The values on this list have been approximated based on the available data.

**Although the sugar content of beer is relatively low, notice its high calorie content from alcohol, and remember this is just for one beer.

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One step at a time


Photo by Paul Rozdeba

Steve Yanover

A pedometer can help you keep track of how far you've come – and how far you need to go

Are you really as active as you think you are?

Although 69 per cent of Canadians enjoy walking, a new report shows that only half of all adult Canadians walk more than one kilometre per day – about 10 minutes of walking. That represents a good start, but experts say greater health benefits can be achieved by being active for a total of 60 minutes a day.

While most people could benefit from taking longer walks, they can also help themselves by gaining some understanding of just how much they actually do walk in a given day. One nifty gadget that can help is a pedometer – a small device that attaches to your waist and tallies the number of steps you take. An internal lever detects the up and down motion of the hip with each movement. Pedometers originated in Japan in 1965 and are called manpo-kei, literally translated as 10,000-step meter. The trend is quickly catching on in North America.

Steve Yanover, a teacher at Henry Wise Wood High School and a participant in the City of Calgary's Walk to Work Challenge Pilot Project, became hooked on using a pedometer after he borrowed his daughter's Pokemon step counter about five years ago.

Part of a pedometer's appeal is that it is inexpensive ($10-$75), small, lightweight and easy to use. The most basic pedometers count steps. More complex models offer options such as distance covered, calories used, time, stopwatch, daily/weekly/monthly recall, AM/FM radio and more. Yanover's favourite features are the cumulative total number of steps and the number of days the pedometer has been worn.

Pedometers provide immediate feedback. That is, at any point during the day you can check to see how many steps you have taken. "I think by wearing one you realize how much you move around. I have been wearing this thing for 1,252 days and I've taken 12,590,792 steps. On average, that's about 10,000 steps a day," says Yanover.

Tracking the amount of time Yanover is active throughout the day is a powerful motivator to be more physically active. "If I start at 7 a.m., then in the next 12 hours I know I have to be active. I make that my goal. I put more time on the pedometer by going for a walk at lunch to a restaurant or around the neighbourhood."

Yanover recommends a pedometer for people who are physically inactive in their workday. "For people who may be more desk bound it might help them to see how active they are, and then if they aren't satisfied it might motivate them to go for a walk after supper, take the dog out or the kids out instead of hopping into the car." Yanover walks to school most days of the week. "The thing about walking is that it comes naturally, your mind can be elsewhere; preparing for the day or decompressing from the day. You know how long it's going to take to walk there and it's a nice way to start the day."

How many steps should you aim for? On average, 30 minutes of walking is equal to 3,000 to 4,000 steps. 10,000 steps is about 90 minutes of walking per day. By doing 10,000 steps per day, you are meeting Canada's Physical Activity Guidelines to stay healthy and lower your risk of cardiovascular disease, obesity, diabetes, osteoporosis and certain cancers.

Although 10,000 steps may sound overwhelming, you may be pleasantly surprised by the amount of walking you actually do in a day. Since Yanover's job involves a lot of walking between classrooms and around desks, he finds that reaching 10,000 steps per day is achievable.

Just to give you an example of how steps can add up, I wore a pedometer during my lunch hour. The following are the activities I did and the number of steps I took:

- Trip to the kitchen to get some water 91
- Trip to the women's washroom 145
- Walked down five flights of stairs to go outside 92
- Walked down the street to get a sandwich (~15 minutes each way) 3,580
- Walked up five flights of stairs 92

- Walked back to my desk 221

Total number of steps during lunch: 4,221 steps

What about you? How many steps are you doing per day?

Christina Weiss is an active living specialist with the Calgary Health Region. Mike Seibel and Kathy Taxbock, dietetic interns with the Calgary Health Region, also contributed to this column.

Tips for getting started

1. Buy or borrow a pedometer - Pedometers are available at most major grocery stores in the pharmacy section, drug stores, sporting goods outlets and, for the widest selection, over the Internet.
2. Use it –At the start of each day, attach the pedometer to the waistband of your pants/shorts/skirt one grip length on the right hand side from the centre of your body. Ensure the pedometer is reset so that it reads zero.
3. Make sure it works – Count the number of steps (e.g. 20 steps) you take and compare the number with the pedometer reading.
4. Get walking! – Yanover says, "Get out there and see what you are doing and then set goals from there." Try to incorporate more walking into your day. Every step counts, even 10 minutes at a time.
5. Set a goal – Figure out how many steps you take in a typical day. Set a goal that you think is within your reach. Yanover's goal was to walk every day.
6. Keep track – At the end of the day record your total steps for the day. There are web-based programs where you input your steps/day and it tracks your progress with calendars and charts. For tracking your steps, visit www.canadaonthemove.ca and www.centre4activeliving.ca/Education/Resources/Pedometers/PALog.pdf.

For more information on pedometers, contact Calgary Health Link at 943-LINK or 1-866-408-5465.

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Tumbling toddlers

What to do when your child bumps his head

Q: My child is 13 months old and started walking two months ago. He loves to run and often trips and falls, hitting his head. He usually cries for a little while after, but settles with a cuddle and doesn't seem to be bothered by the tumble. Do I need to take my son to his doctor if he seems fine after he hits his head?

A: Every child sooner or later strikes his head, and fortunately most head injuries are minor. Falls are especially common when your child is learning to walk. Big lumps will often appear on his head because the scalp has a rich blood supply. For the same reason, small cuts on the head may bleed profusely. Often your child will cry for a short period after a fall and may even be slightly drowsy and unsteady. He might throw up once or twice in the couple of hours after the fall. All of these reactions are normal and are not concerning, as long as you can console him easily and his behaviour seems normal to you. Older children may also complain of a mild headache.

Children under the age of two need to be watched closely because they cannot communicate as well as older children. The bones of their heads are not completely fused together yet so their skulls are more pliable. A very hard blow to the head can lead to injury inside of the skull.

It is common for your child to be sleepy after hitting his head. Children under two years of age can be allowed to sleep at their usual naptime for a maximum of two to three hours once they are back to normal for 30 to 60 minutes. During his nap, check your child every 30 to 60 minutes to make sure that he responds to gentle stimulation, is not fussy, moaning or agitated and has not started to vomit. If any of these symptoms are present, you should wake him up fully to see if he is still completely back to his normal self in energy, alertness and interaction. Take him to your doctor if he's not behaving normally. Children over the age of two may have a short nap as long as they are not confused, disoriented or vomiting. During sleep, they should be checked in the same way as younger children. If there have been no symptoms by six hours after the fall your child may be allowed to have normal naps and sleep overnight.

Q: Is it safe to give my child medication if he seems to have a headache after he hits his head?

A: It is safe to give children more than two years of age Tylenol or Advil for mild headaches. If the headache is worsening, take your child to his doctor. Do not give any medications that can cause drowsiness for 24 hours. These include antihistamines and cough medications. Do not give Gravol if your child is vomiting because it can make him drowsy and interfere with an accurate assessment of his level of consciousness. Although Tylenol or Advil do not cause drowsiness, these medications should not be given to children less than two years of age after a fall. Do not assume an irritable child under two years of age simply has a headache. It may be the child has a more serious head injury. These children may require assessment by their doctor. It will be harder for the doctor to tell if children under two have had a more serious head injury if they have been given medication.

Bumps or "goose eggs" are common and can be treated by putting an ice bag on the site. This will reduce the pain and swelling. If your child is two years old or less and the bump is boggy and feels like a marshmallow, the injury may be more serious and your child needs assessment by a doctor straight away.

More serious head injuries can result from collisions involving vehicles or falling off a bike. Your child may have had a serious injury if he loses consciousness right after the fall, has a seizure, cries inconsolably for more than 20 minutes or vomits more than twice in the hours after the injury. Other very concerning signs you may see in your child include not knowing his or her name, answering simple questions incorrectly, inability to remember events of that day or repeating questions and answers about simple information. These symptoms may be a signal that your child has had a brain injury. It is important to take your child to the doctor or go to Emergency immediately if you see any of these symptoms.

If your child returns promptly to his normal, happy self and remains that way, you can feel confident that your child is doing well and does not need to be taken to a doctor. Nurses at the Calgary Health Link are available 24 hours a day and have excellent information available to advise you in the best care of your child. They can be reached at 943-LINK or 943-5465.

Q: I have a brother with schizophrenia who will be moving from Ontario to live with me. He had excellent community resources back home and will need the same sort of access to health services here. What is available to him?

A: There are many excellent resources available to your brother. Families who have been through this experience believe it is best to be prepared. You may wish to take an opportunity to learn as much as you can about your brother and his illness before he arrives.

Your brother will likely need a variety of services that may possibly include mental health support, physician care, financial support and housing.

The first step will be to establish what services your family member used in the community he is leaving. Then you can create a similar environment for him here. He will need a family physician to assist in co-ordinating his medical care. You may

If you are concerned about a health issue and would like to speak to a health professional, you can contact your family physician or speak to a registered nurse 24 hours a day, seven days a week by calling Health Link.

Calgary: (403) 943-5465
Edmonton: (780) 408-5465
Or toll free: 1-866-408-5465

wish to approach your own family physician or access Calgary Health Link at 943-5465 to find one who is accepting new patients. It may be helpful to provide the new physician with some written information about your brother prior to the first appointment. Some individuals find visiting a doctor very stressful and it will help both the person with mental illness and the doctor focus on the symptoms that are bothering the ill person. Remember that all information must be kept confidential.

Your next step is to seek out mental health services in the city. Navigating the mental health system is often unfamiliar territory to people who have never used it. Fortunately there is help available. Access Mental Health is a non-emergent telephone service that is staffed by clinicians during regular business hours. With a database of more than 1,800 mental health and related services, clinicians are able to provide callers with up-to-date information and options regarding mental health services within the Calgary Health Region. Access Mental Health can be reached at 943-1500.

If your brother is under 18 years of age, contact the Child and Adolescent Regional Access and Intake Line. This is a telephone service that is the doorway to child and adolescent mental health services within the Health Region. People need mental health care for many reasons and everyone can reach out at any time of their lives. All services are voluntary and individuals can decide what works best for themselves and their families. There are no inappropriate calls. The whole purpose of the mental health lines is to help callers figure out what is needed and how to access the service they need.

If you have other health questions, you can call Health Link at 943-LINK (5465). Registered nurses are available 24 hours a day to help.

Do you have a question you would like to ask a nurse? Please e-mail your request to askanurse@calgaryhealthregion.ca or write to: Ask a Nurse, 10101 Southport Road, S.W., Calgary, AB., T2W 3N2.



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Ask a Pharmacist with Curtis Ross





Photo by: Paul Rotzinger

Learning about diabetes

Give your body time to adjust to new medication

The following information is provided courtesy of your Calgary Co-op pharmacists. Always check with your pharmacist if you have any questions or concerns regarding your medication and when choosing over-the-counter products.

Q: I've just been diagnosed with Type 2 diabetes and was put on metformin to lower my blood sugars. As soon as I started to take it, I did not feel well. Why is this happening?

A: When you start to take a drug to lower your blood glucose, you may feel a little ill. Your body has gotten used to the high sugar levels and when the drug starts to drop the levels, you may feel under the weather. As your sugar levels drop, your body thinks it is hypoglycemic (low blood sugars), even though the sugar range is moving toward normal. This is why you may feel lousy! It is important to discuss these issues with your diabetes educator. Starting your medication at a low dose and increasing slowly will help your body to adjust to its new "normal" glucose levels.

Q: Can I still take cough and cold medications with my diabetes?

A: There are many ingredients in over-the-counter medications that can raise blood glucose levels. For example, sugar is found in many cough/cold syrups. Decongestants for stuffy noses can raise glucose in the blood. Usually you can still take these products (for short time periods), but you should test your blood to see how these cough/cold medicines change your glucose levels. If they raise the levels, then you know to stay away from them. Cough/cold medicines can also raise blood pressure and many diabetics will have to keep this in mind as well. Ask your pharmacist if you are unsure whether you should be using a particular over-the-counter medication. Also, remember that just being sick with a cold or flu can cause a rise in blood sugar. Testing your blood more often when you are sick is a good idea.

Q: Can I still drink alcohol with my diabetes?

A: Alcohol should only be used by diabetics when they are well-controlled and know how alcohol affects their blood sugar in certain situations. Alcohol can cause severe and prolonged hypoglycemia. In addition, alcohol is almost as fattening as oil or fat. One average drink will add 100 to 150 calories to your diet. When weight loss is so very important, it makes sense to limit alcohol consumption. Never drink alcohol on an empty stomach; have your drink with or after a meal. Avoid sweetened mixes, sweet wines or liqueurs. Choose sugar-free mix or a beverage that does not contain sugar. Above all, think moderation. Limit yourself to no more than two drinks at the most and sip them slowly, making a drink last as long as possible.

Q: I just returned from the pharmacy where I purchased a glucose meter to test my blood. I am afraid to test because my friends say it is painful. Is this true?

A: Blood tests can be uncomfortable. However, newer equipment is now making blood testing almost painless. When you test your blood, you will need to get a sample. Taking a blood sample is done by poking the finger with a lancing device. Today, lancets are very fine and sharp, making the poke feel like a small mosquito bite! Some new lancing devices cause the patient no pain at all. If you don't want to poke your fingers, your pharmacist can show you how to test using your arm, not your fingers.

Q: How often should I check my blood sugar?

A: This will vary from person to person. Your diabetes educator can discuss how she or he would like you to monitor your blood sugars. Blood sugars can be tested before or after meals. Fasting sugars are tested before breakfast. How often you test will depend on why you are testing. It may be to make an adjustment in your medication or to see how well controlled your sugars are. You may increase the number of tests if you feel sick, if changes have been made to your treatment plan or if your previous glucose results are very unstable. Most Type 2 diabetics (on medication) should test at least once a day.

Q: What kind of blood levels am I looking for? Is there a danger in getting a very low level?

A: When you test before a meal, you should aim for a range of four to seven millimoles per litre, the world standard unit for measuring glucose in blood. Your glucose meter will calculate these

numbers from the blood sample you use. When you test after meals (two hours after), aim for a range of 5 to 10 mmol/L. These are ranges and may not be right for everyone. You should check with your diabetes educator on what target range is best for you.

A very low number can mean you are hypoglycemic. Anything below 4 mmol/L is considered low for most diabetics and you may start experiencing symptoms. Hypoglycemia can cause cold sweats, faintness, dizziness, headache, pounding of the heart, trembling, blurred vision, hunger, grouchiness and personality changes. If you keep getting lows, your doctor may adjust your medication, suggest you change your eating habits and test your levels before and after exercising.

Q: A friend told me that diabetes ruins your sex life. Can you explain this?

A: Erectile dysfunction (ED) or impotence is the most common male sexual problem that occurs as a result of diabetes. About 50 per cent of men with diabetes will have some degree of ED. For men with diabetes, the blood vessel problems and nerve damage that may be present with diabetes can lead to difficulties in getting and maintaining an erection. Don't suffer in silence. Seek help from a doctor or a urologist. There are medications (e.g. Viagra) that can be tried to help with ED.

Women with diabetes may also suffer from some sexual dysfunction. Reduced lubrication, reduced blood flow and loss of skin sensitivity in the vaginal area can be problems in the diabetic female. This can lead to difficulty with arousal and climax. Yeast infections are also more of a problem in the diabetic woman due to high sugars. All of the above leads to uncomfortable or painful intercourse. Talk to someone about your sexual problems in order to learn about treatment options.

Q: I don't want to take drugs for my diabetes. Are there any natural products that work?

A: There is no strong evidence that herbs will reduce sugars to the extent that Type 2 diabetics require for good control. If you choose to start a herbal product, tell your diabetes educator first and test your blood more frequently to see how this herb is affecting your sugars. This would be a general rule of thumb for any natural product you choose to try. In a nutshell, losing weight, exercising and following your doctor's treatment plan will probably be the best in the long run.

– By Denise Dillman, Pharmacist, Calgary Co-operative Association Ltd.

Q: What is Xerosis?

A: Xerosis is a term for dry skin. We all have a natural oil coating over our skin produced by the skin oil glands. If this oil is removed, the skin becomes dry. This can lead to cracking, which in turn can lead to inflammation. Although it can happen at any time, dry skin is usually worse during colder months when humidity is low. Cold winds can actually pull water from your skin and the air inside your home can get even drier because of the heating system.

Q: What problems are associated with dry skin?

A: Dry skin commonly produces itching, which can be severe enough to interfere with sleep and other daily activities. Repeated rubbing and scratching can produce areas of thickened rough skin. Dry skin and scratching may result in dermatitis when the skin becomes red and inflamed in addition to dry and scaly. Round, scaly, itchy red patches scattered over the legs, arms, and trunk (eczema) may also appear. The appearance of yellow crusts or pus indicates a bacterial infection may be developing.

Q: What are the causes of dry skin?

A: There are several causes of dry skin, including: inherited factors; metabolic factors (dry skin is more common in people with an underactive thyroid or with excessive weight loss); increasing age resulting in decreasing natural lubrication; cool weather with low humidity; air conditioning, central heating or sitting close to a fire or heater; excessive bathing, showering or swimming (especially in strongly chlorinated water); contact with soaps, detergents and solvents and frictional irritation and chapping.

Q: How can this condition be treated?

A: It is natural to think that applying water alone to dry skin would help control the problem. However, water alone (especially hot water) can actually worsen the dry skin problem by removing normal protective skin oils. Keep skin lubricated using water, followed by the application of oil such as a moisturizer or lubricant. Take a short bath or shower (no more than 10 minutes) once every 24 hours. For adults, showers are generally better than baths. Use soap minimally and only when and where needed. Use milder, less drying soaps such as Dove, Neutrogena, Aveeno, or Cetaphil liquid cleanser. After bathing or showering, gently pat the skin partially dry with a towel (do not rub). Within three minutes of getting out of the water, apply a moisturizer to seal water in the skin. Re-apply moisturizers during the day, especially to areas prone to dryness. Put bath oil on freshly dried skin after a bath or shower, or add it directly to bath water (caution: slippery tub). If you use a bath oil in the tub, add about one teaspoonful to the bath water and soak for 10 to 20 minutes. When applying bath oil directly to the skin, pour about one teaspoonful into your hands and then spread on slightly dampened skin immediately after blotting dry.

Use a humidifier if the air is very dry. Drink plenty of water throughout the day. Also, apply cool compresses to itchy areas, and try over-the-counter cortisone creams or lotions for a five-to-15 day course if skin is inflamed. If this does not work, talk to your doctor about a prescription-strength product. When using both a cortisone product and a moisturizer, always use the cortisone first and the moisturizer second.

– By Sandy Grover, Pharmacist, Calgary Co-operative Association Ltd.

Q: I burned myself on an iron. Which cream should I use?

A: Good burn management requires assessment of burn severity, pain control, cleansing and prevention of infection. First, assess the type of burn. Determine the presence of blisters, absence of feeling, severity of pain and depth of the burn before deciding on treatment. Superficial or first degree burns are red. Second degree or partial thickness wounds are very painful because they go down to the dermis or second layer of skin. These burns are pink, wet and will likely blister. Deep partial thickness burns can be pink, wet or chalky white and are less painful because more nerve tissue has been destroyed. A person with second or third degree burns or any burns covering more than 10 per cent of the total body surface area should see a physician.

To reduce pain and the risk of infection from minor burns, cooling the area is the first line of therapy. Immerse the area in cold water or apply cool moist compresses to relieve pain and stop the soft tissue from continuing to burn. Wash the area with soap and water and bandage with dry sterile dressings. Non-stick dressings are appropriate in this circumstance and there are many kinds available for burn wounds. Superficial burns require minimal treatment. Simple moisturizers that are 'oil in water' lotions or creams are recommended because they are easy to remove and provide a good environment for healing. Avoid butter and other greasy home remedies that contaminate the burn wound and may cause infection. Oral analgesics, such as acetaminophen or ibuprofen, may be administered for pain relief. If any blisters develop or any signs of infection occur, seek medical attention immediately. Do not use topical anesthetics and topical antihistamines on burns because of the risk of sensitization and further injury.

Q: How can I relieve dryness and severe itchiness from a burn?

A: A light, non-perfumed moisturizer, such as Nutraderm or Moisturel, can be applied to the burned area. Test the moisturizer on normal skin first to ensure there is no sensitivity. Avoid lotions and creams with a high lanolin content. Oral antihistamines and topical astringent soaks can be used for persistent itchiness in a healed burn.

– By Marilyn Wesolowsky, Pharmacist, Calgary Co-op, with assistance from Marianne Jones, Pharmacy Technician, Calgary Co-op.

Do you have a question for our pharmacists? If so, please email your question to "askapharmacist@calgaryhealthregion.ca" or write to "Ask A Pharmacist," 10101 Southport Road S.W. Calgary, AB. T2W 3N2. Article submissions coordinated for publication by Curtis Ross, Pharmacy Manager, Calgary Co-operative Association Ltd.

Health beat

Healthy Living

With Michelle Schurman

Global News Health Reporter





New guidelines for managing hypertension

A new survey shows that most Canadians are more concerned about cancer than heart disease – even though heart disease is the number one killer of Canadians.

The survey shows only six per cent of Canadians know high blood pressure is the number one risk factor for heart disease. New Canadian guidelines on managing hypertension recommend lifestyle changes and medication, if necessary, to help lower blood pressure readings.

The guidelines also create a "new normal" for some Canadians – so, if you have risk factors for heart disease, 120 over 80 may no longer be OK.

"The targets are very, very tight, especially for people who've had previous heart attacks. Diabetics, if you have multiple risk factors for heart disease, the numbers that were acceptable are no longer accepted. We've got to get even lower.

"It's not SARS, it's not the West Nile virus. . .this is just lowly hypertension that eats away; it's the silent killer," says Calgary doctor Ted Jablonski.

He says many people don't realize they are most at risk for a heart attack or stroke in the morning. That's because our blood pressure naturally peaks in the morning as our bodies start to rev up in anticipation of the day ahead.

Help for Hepatitis C patients

Health Canada has recently approved Pegasys RBV for the treatment of Hepatitis C, a move that provides patients with access to the most advanced treatment available.

Hepatologist Dr. Sam Lee, of the University of Calgary, says the drug is more effective, has fewer side effects and is easier to use than conventional treatments. It comes in a single dose, pre-filled syringe, eliminating the need for mixing or individual dosing. Experts say the drug is a major advancement in the treatment of Hepatitis C.

"In a recent clinical trial, 48 weeks of such therapy induced a sustained viral response in 52 per cent of patients. A sustained viral response means the virus is indefinitely undetectable, that is, virologically cured," says Dr. Lee.

Hepatitis C is a life-threatening viral infection of the liver, transmitted primarily through infected blood and blood products. If untreated, it can cause cirrhosis of the liver, leading to liver failure. Officials estimate that 70 per cent of those infected with Hepatitis C do not know it.

Asthma linked to ear infections

Researchers say that a study of 7,500 children aged two to 11 suggests those that had multiple ear infections were twice as likely to suffer asthma than

Bulletin Board

Taking care of baby

The Calgary Health Region and its partners have launched the Aboriginal Best Beginning Book. A guide for pregnant women and new mothers, the book is a culturally sensitive guide packed with health information.

For more information, call 287-3669 or go to calgaryhealthregion.ca/hecomm/babies/index.htm and click on Aboriginal Best Beginning Book.

Workshops:

Hormone Therapy: Your Decision: Find out the risks and benefits of hormone therapy to help determine what is best for you. The workshop will be held at 7 p.m., Tuesday, July 13 at the Grace Women's Health Centre. Advanced registration is required. Please call 944-2260 for information. Fee: $25.

Meditation: Would you like to find a better way of dealing with stress and anxiety? This introductory session to meditation offers an opportunity to rest, reflect and re-focus. The workshop will be held at 7 p.m., Wednesday, July 21 at the Grace Women's Health Centre. Advanced registration is required. Please call 944-2260 for information. Fee: $25.

Finding Your Passion: Are you feeling flat, bored or unfulfilled? Discover how you can find or create passion in your life, career and relationships. Practical suggestions along with practice exercises will be provided. The workshop will be held at 7 p.m., Tuesday, Aug. 19 at the Grace Women's Health Centre. Advanced registration is required. Please call 944-2260 for information. Fee: $25.

children with no history of ear troubles. Researchers also found that parents with higher education levels were more likely to report their children's ear infections than parents with lower levels of education.

One reason for the link, researchers say, could be the virus or bacteria that causes ear infections plays a role in the development of asthma. They're also looking at the possibility that antibiotics used to treat most ear infections may also increase the risk.

The research was originally printed in the journal *Chest*.

Memory FX?

An Alberta company has launched an herbal supplement that it says can improve your memory and make you more mentally alert.

With signs of age-related memory loss showing up as early as age 30, the makers of Remember FX say it has huge potential. Dr. Jacqueline Shan and researchers in the Department of Psychiatry at the University of Alberta have discovered that certain compounds in North American Ginseng can help improve your memory.

Lab tests have shown that these compounds help brain cells produce more acetycholine – an important chemical responsible for memory and learning. Clinical trials involving healthy students and seniors showed significant memory improvement in both groups. Anecdotally, study participants said they felt an improved ability to focus and think more clearly.

Based on this research, Health Canada has assigned Remember FX a drug identification number, which means the company can make these medical claims. "Really, the product is positioned for memory enhancement and the prevention of memory loss in normal people, from young people to the senior. There's a demand for it and we don't have an effective drug. Even when it comes to pharmacological drugs, there is nothing available, nothing for prevention," says Dr. Shan. The company says its next step is to see if Remember FX can help stop the progression of Alzheimer disease.

Michelle Schurman's health report appears every weeknight on Global News at 5 p.m.

Staying Healthy

Tips for kids' snacks

With escalating rates of childhood obesity, it's not surprising that many experts have pointed a finger of blame at snack foods. While some so-called 'junk' food is high in sugar, salt and calories, snacking can be a healthy part of a child's diet. Kids need to eat foods from the four food groups because they are continuing to grow and develop," says Kristyn Hall, nutritionist with the Calgary Health Region. "And they need to have snacks because they have very high energy needs and they need to fuel their active lifestyles. So, it is important that when they are having snacks they are choosing good foods." Hall says the key is to look for foods with higher nutritional value and have the less-nutritious ones as a once-in-a-while treat. But these days, with more snack choices than ever before, figuring out which foods are a better choice can be challenging. Here are some suggestions:

Instead of:	**Why not try:**
Chocolate bar	Wagon Wheel
Potato chips	Pretzels, popcorn, Spuds, corn or rice cakes
Cookie	Graham Cracker, fig newton or cereal
Soda	Diet sodas, fruit juice, milk
Ice Cream	Frozen yogurt
Cake	Low fat whole grain muffins, angel food cake

Guarding against West Nile virus

The best way to reduce risk of infection is to minimize contact with mosquitoes. Persons of all ages can take the following steps to reduce their risk of West Nile virus infection.

- Consider staying indoors at dawn, dusk and early evenings which are peak mosquito biting times.
- Wear light-coloured long-sleeved shirts, long pants and a hat when outdoors.
- Apply insect repellent containing DEET or other approved ingredient sparingly to exposed skin or to clothing.
- Choose a repellent that provides protection for amount of time outdoors. Follow manufacturer's directions for use, as printed on product label. -Repellents may irritate eyes and mouth, so avoid applying repellent to these areas or to hands or faces of children. Do not use repellents on wounds or irritated skin (rash or sunburn).

How to use DEET-based insect repellents:

- Children under six months – DO NOT USE DEET.
- Children six months to two years – use least concentrated product (10 per cent DEET or less) once a day when risk of complications from insect bites is high.
- Children two to 12 years – use least concentrated product (10 per cent DEET or less) up to three times daily as needed.
- 12 years to adult –use concentrations up to 30 per cent (if outside for more than four to six hours) and reapply as needed.

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